Issues Relating to the Organizational Structure of the Office of the Secretary of Family and Social Services

- FSSA Program Inventory -

August 2004

FSSA Evaluation Committee

Indiana Legislative Services Agency

Legislative Evaluation and Oversight

The Office of Fiscal and Management Analysis is a Division within the Legislative Services Agency that performs fiscal, budgetary, and management analysis. Within this office, teams of program analysts evaluate state agency programs and activities as set forth in IC 2-5-21.

The goal of Legislative Evaluation and Oversight is to improve the legislative decision-making process and, ultimately, state government operations by providing information about the performance of state agencies and programs through evaluation.

The evaluation teams prepare reports for the Legislative Council in accordance with P.L. 197 of 2003. The published reports describe state programs, analyze management problems, evaluate outcomes, and include other items as directed by the Legislative Evaluation and Oversight Policy Subcommittee of the Legislative Council. The report is used by an evaluation committee to determine the need for legislative action.

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Preface

This publication is a companion volume to the program evaluation report entitled "Issues Related to the Organizational Structure of the Office of the Secretary of Family and Social Services and published by the Indiana Legislative Services Agency in August 2004.

The divisions and offices of the Family and Social Services Administration (FSSA) are often referred in this document by their acronyms: Office of Medicaid Policy and Planning (OMPP); Division of Family and Children (DFC); Division of Mental Health and Addictions (DMHA); and Division of Disability, Aging, and Rehabilitative Services (DDARS).

Programs are organized generally according to the division having primary administrative responsibilities, with the exception of Medicaid home- and community-based waivers. The waiver program is jointly administered by the Waiver Unit in DDARS through a memorandum of understanding with OMPP. However, because waivers are special provisions within the Medicaid Program, they are described along with the program summaries in the OMPP section.

While the Medicaid Program may be considered a single program, the various categorical designations are described since these apply to different populations and involve different eligibility criteria. Also, while Medicaid waivers represent merely additional services provided to certain individuals within Medicaid categories, the various waivers are described separately because of their importance.

The category entitled "Advisory Board/Commission is intended to represent the advisory board, commission, council, or committee with the most direct oversight of a particular program. In many cases, this will be the advisory council for the division, rather than for the individual program.

Expenditure data was obtained from FSSA and is reported on a cash basis. Consequently, the reported information may not be consistent with data maintained on the Auditor's system.

The federal poverty level (FPL) is referenced in some of the program descriptions and refers to the federal poverty guidelines published each year in the *Federal Register* by the U.S. Department of Health and Human Services. The 2004 guidelines are presented in the table, below.

We very much appreciate the cooperation and efforts of FSSA staff in providing information for this project, including program descriptions, explanations, and in their review of these summaries. While we have intended to provide summaries for all programs administered by FSSA, we apologize for any omissions that may exist. To report any errors or omissions, please send an email to agossard@iga.state.in.us.

Copies of this document may be obtained from:

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2004 Federal Poverty Level Guidelines (Family Income per Year) *				
Family Size	**100% FPL**	**150% FPL**	**200% FPL**	**250% FPL**
1	$9,310	$13,965	$18,620	$23,275
2	12,490	18,735	24,980	31,225
3	15,670	23,505	31,340	39,175
4	18,850	28,275	37,700	47,125
5	22,030	33,045	44,060	55,075
6	25,210	37,815	50,420	63,025
7	28,390	42,585	56,780	70,975
8	31,570	47,355	63,140	78,925
Each Add'l	$3,180	$4,770	$6,360	$7,950

Source: Federal Register, Vol. 69, No. 30, Feb 13, 2004, pp. 7336-7338.

Median Household Income (Indiana - 1999): $41,567.
Median Family Income (Indiana - 1999): $50,261.
Families Below Poverty Level (Indiana - 1999): 6.7%.
Individuals Below Poverty Level (Indiana - 1999): 9.5%.

Table of Contents

Family and Social Services Administration

Program Name: Head Start Programs

Indiana Code Cite:
Administrative Code Cite:
Account Number: 3630/150800

Administrative Division: Family and Social Services Administration
Advisory Board/Commission: Indiana Head Start Multi-Agency Advisory Council

Program Description -
Purpose: To help children become socially competent and successful in their interactions with school and the community.

Federal History/Requirements: This program has three separate components: (1) Head Start; (2) Early Head Start; and (3) Head Start Migrant and Farm Laborer Program. The federal Head Start Program began in the 1960s as a part of the "War on Poverty and is administered at the federal level by the Administration of Children and Families of the Department of Health and Human Services. In 1994 federal legislation was passed to establish Early Head Start services for pregnant women and infants and toddlers (ages birth to three).

State History/Requirements: This program is regulated and implemented by the federal government; the state has limited involvement. Generally, state involvement is a result of attempts to build partnerships between state agencies and Head Start Programs via the Indiana Head Start Partnership Office. The Indiana Head Start program relationships with state agencies have been normally confined to licensing through the Bureau of Child Development, the Child Care Food Program through the Department of Education, the Commercial Driver's Licensing for bus drivers through the Bureau of Motor Vehicles, and as needed, bus inspection by the State Police. Programs also provide immunization statistics to the Indiana Department of Health.

Program Services: All programs provide early childhood educational, social, medical, dental, nutritional, and mental health services to the enrolled children. In addition, the programs provide social services assistance, parental education, and assistance with parental decision-making to enrolled families.

Service Providers/Agencies: The Head Start grantees are categorized as follows: 16 community action agencies, 5 school systems, one governmental entity, and the remaining 14 grantees are private/public nonprofit/for-profit agencies.

The Early Head Start grantees are affiliated with the following entities: 4 non-Head Start grantees are private/public nonprofit organizations, while the breakdown of the Head Start-affiliated programs includes one school system, 3 community action agencies, and 4 private/public nonprofit/for-profit agencies.

The Migrant and Farm Laborer Head Start Program is provided during the months of May through October. The headquarters of the program are located in Texas. During the summer months, the Texas program comes to Indiana and administers the program from Kokomo.

Client Intake: Head Start grantees.

Program Clients -
Target Population: Low-income children and their families.

Eligibility Requirements: Head Start programs serve children ages three through five. Early Head Start provides services for pregnant women and infants and toddlers (ages birth to three). The Migrant and Farm Laborer Head Start provides services to children from birth to age five. Family incomes generally must be less than 100% of the federal poverty level; however, 10% of the enrollment may have incomes over the federal poverty level.

No. of Clients Served (Snapshot: June 30, 2003):
No. of Clients Served in FY 2003 (Unduplicated for year): 17,036 children and pregnant women served by Early Head Start and Head Start programs. (This does not include the number of children served by theMigrant and Farm Laborer Head Start Program.)

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	134,213	99,669		34,544	
2002	348,955	242,195		106,760	
2003	250,492	187,869		62,623	
2004 ^	231,512	173,632		57,880	
2005 ^	231,512	173,632		57,880	

^ Appropriation.
* (Source of Federal funds) Head Start
** (Name of Dedicated fund) Step Ahead
*** (Name of Local fund)

Funding Details: Direct services are 100% federally funded. State administrators are funded through a federal grant which funds approximately 75%, with the remaining 25% being a state match.

Program Name: Health Care Access Planning

Indiana Code Cite:
Administrative Code Cite:
Account Number: 6000/166900

Administrative Division: Family and Social Services Administration
Advisory Board/Commission: Family and Social Services Committee (IC 12-8-3)

Program Description -
Purpose: To assess the problem of the uninsured population and to propose ways for states to provide health care access for uninsured individuals and families with little or no additional cost.

Federal History/Requirements: The Health Care Access Planning Grant is a one-time federal grant from the U.S. Health Resources and Services Administration. The project period started in June 2002. The final report is due September 30, 2004. Eleven other states also received planning grants.

State History/Requirements: The Health Insurance for Indiana Families Task Force was formed by FSSA. Members are key stakeholders in Indiana business and healthcare concerns. The task force commissioned a telephone survey of Hoosiers to assess the level of the uninsured and to understand key characteristics of the uninsured population, and an economic analysis of health care cost drivers is underway.

Program Services:

Service Providers/Agencies:

Client Intake:

Program Clients -
Target Population:

Eligibility Requirements:

No. of Clients Served (Snapshot: June 30, 2003):
No. of Clients Served in FY 2003 (Unduplicated for year):

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001					
2002					
2003	514,957	514,957			
2004 ^	693,931	693,931			
2005 ^	800,000	800,000			

^ Appropriation.
* (Source of Federal funds)
** (Name of Dedicated fund)
*** (Name of Local fund)

Funding Details: 100 % federally funded.

Program Name: Step Ahead Comprehensive Early Childhood Grant Program

Indiana Code Cite: IC 20-1-1.8
Administrative Code Cite: 405 IAC 3
Account Number: 1000/121790

Administrative Division: Family and Social Services Administration
Advisory Board/Commission: Step Ahead Statewide Panel (IC 20-1-1.8-13)

Program Description -
Purpose: Step Ahead is a process for Indiana counties to network available resources for children and families to improve quality, accessibility, and availability of services.

Federal History/Requirements: NA

State History/Requirements: Initially established by P.L. 34-1991, the Step Ahead initiative provides for planning grants to help counties develop local Step Ahead systems. These grants, along with a plan for distributing state and federal financial resources through local fiscal agents, are to act as incentives for local leadership forums to implement county-level systems. Currently, there are local Step Ahead Councils operating in each of Indiana's 92 counties.

Program Services: Step Ahead develops and/or uses incentives and resources to support collaborative service networks intended to increase efficiency, diminish redundancy, and eliminate gaps in service.

Service Providers/Agencies: Local Step Ahead Councils.

Client Intake: NA

Program Clients -
Target Population: Step Ahead serves the general citizenry of Indiana.

Eligibility Requirements: NA

No. of Clients Served (Snapshot: June 30, 2003):
No. of Clients Served in FY 2003 (Unduplicated for year):

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	3,819,135		3,819,135		
2002	3,166,580		3,166,580		
2003	2,429,133		2,129,133		
2004 ^	1,784,493		1,784,493		
2005 ^	1,784,493		1,784,493		

^ Appropriation.
* (Source of Federal funds)
** (Name of Dedicated fund)
*** (Name of Local fund)

Funding Details:

Office of Medicaid Policy and Planning

Program Name: Medicaid Program - General Program Information

Indiana Code Cite: IC 12-15
Administrative Code Cite: 405 IAC
Account Number: 3530/185600 (Medicaid Assistance); 3550/170000 (Medicaid Administration)

Administrative Division: Office of Medicaid Policy and Planning
Advisory Board/Commission: Medicaid Advisory Committee (IC 12-15-33-2)

Program Description -
Purpose: The Medicaid Program is broadly composed of programs providing health care and related services, including long-term care services, to three major populations: (1) children, pregnant women, and adults in families with dependent children; (2) individuals with disabilities; and (3) elderly individuals.

Federal History/Requirements: Title XIX of the federal Social Security Act of 1965. The Medicaid Program is administered at the federal level by the Centers for Medicare and Medicaid Services (CMS), formerly known as the Health Care Financing Administration (HCFA), within the U.S. Department of Health and Human Services.

Federal law specifies certain requirements regarding services, such as the following: (1) "Amount, duration, and scope (Each service must be sufficient in amount, duration, and scope to reasonably achieve its purpose); (2) "Comparability (Services provided to an individual in a category must be equal in amount, duration, and scope for all individuals within the category); (3) "Statewideness (A state's Medicaid plan must be in effect throughout the entire state so that all recipients have access to similar types and levels of care); and (4) "Freedom of Choice (Programs must allow recipients to obtain services from any institution, agency, person, pharmacy, or organization that qualifies as a Medicaid provider). Federal regulations sometimes permit states to seek a "waiver or exception from one or more of these requirements (e.g., home- and community-based services, managed care programs, etc.).

State History/Requirements: Medicaid was implemented in Indiana on January 1, 1970.

The Medicaid categories of children, pregnant women, and adults in families with dependent children, along with children provided services through the Children's Health Insurance Program (CHIP), are administered through the *Hoosier Healthwise* program. Hoosier Healthwise is composed of four benefit packages: (1) Package A (Standard Plan) providing comprehensive care to adults and children; (2) Package B (Pregnancy Coverage) is limited to coverage for pre-natal care, treatment of conditions which might complicate the pregnancy, delivery and 60 days of postpartum care; (3) Package C (Children's Health Insurance Program) is similar to Package A with some cost sharing and reduced service coverage; and (D) Package E (Emergency Services), which provides coverage for serious medical emergencies to undocumented immigrants and certain visitors to the U.S. who meet all other categorical and financial requirements.

Program Services: Services provided in Indiana include those that are required by the federal government in order to receive federal financial participation (FFP) and those that are deemed optional for states to provide and which will be eligible for FFP. (This set of services, both mandatory and optional, will be referred to as "regular Medicaid services in later sections.)

Mandatory services include (1) early and periodic screening, diagnosis, and treatment for those under the age

of 21 (EPSDT); (2) family planning services and supplies; (3) inpatient hospital services; (4) laboratory and x-ray services; (5) nurse midwife services; (6) nurse practitioners' services; (7) nursing facility and home health services for those age 21 and over; (8) outpatient hospital services; (9) physicians' services and medical and surgical services of a dentist; and (10) rural health clinic and federally qualified health center (FQHC) services.

Optional services that the Indiana Medicaid Program provides include (1) case management services; (2) chiropractic services; (3) Christian Science nurses; (4) Christian Science sanitariums; (5) clinical services; (6) dental services, including dentures and partials for adults; (7) diagnosis services; (8) emergency hospital services; (9) eyeglasses; (10) hospice care; (11) inpatient hospital services for those above the age of 65 in institutions for mental diseases; (12) inpatient psychiatric services for those under the age of 21; (13) intermediate care for the mentally retarded; (14) medical social worker services; (15) nurse anesthetists services; (16) nursing facility services for those under the age of 21; (17) occupational therapy; (18) optometry services; (19) physical therapy; (20) podiatry services; (21) prescribed drugs; (22) preventive services; (23) private-duty nursing services; (24) prosthetic devices; (25) psychological services; (26) rehabilitative services; (27) respiratory care services; (28) screening services; (29) smoking cessation; (30) speech, hearing, and language disorders; and (31) transportation services.

Prior to 1981, the only long-term care benefits available through Medicaid was care provided in an institutional setting, such as nursing facilities, intermediate care facilities for the mentally retarded, or institutions for mental diseases. Since then, states can request authority, or seek a waiver of certain provisions of Section 1915(c) of the Social Security Act, to provide home- and community-based services in addition to regular Medicaid services to elderly or disabled individuals who are at risk of institutionalization. These services may include, but are not limited to, homemaker and home health aide services, adult day health services, habilitation services, personal care services, home modifications, nonmedical transportation, nutrition counseling, home-delivered meals, and respite care. In order to receive a waiver, states must demonstrate that the aggregate cost of services provided under the waiver will be no higher than the costs would be for the same individuals without the waiver. While OMPP has ultimate authority in the administration and supervision of policies, rules, and regulations for the home- and community-based waiver programs, DDARS operates the waiver program and DFC is responsible for eligibility determination for the Medicaid Program.

Service Providers/Agencies: Varied. States contract with providers to deliver Medicaid services and reimburse for those services at state-determined rates. Reimbursement systems and methodologies differ by provider group and service.

Client Intake: See individual programs.

Program Clients -
Target Population: Certain low-income children, pregnant women, adults, elderly, and disabled individuals.

Eligibility Requirements: Medicaid is a means-tested program containing both financial and nonfinancial eligibility criteria. Generally, eligibility is dependent on an individual being a member of a specific category (e.g., children, pregnant women, etc.). In addition, associated with each category are specific income and resource requirements.

Similar to services, eligibility categories include both those mandated by the federal government for coverage

by the state programs, as well as those permitted to be covered at state option. Financial criteria are also state-determined within federal maximums and minimums.

The program descriptions in the following sections are largely organized around categorical populations, with additional descriptions for the various waiver programs.

No. of Clients Served (Snapshot: June 30, 2003): 762,630
No. of Clients Served in FY 2003 (Unduplicated for year): 956,500

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Transfers **	
2001	3,317,916,450	2,047,154,450	1,078,322,846	182,485,405	9,953,749
2002	3,799,516,560	2,351,900,751	1,105,659,318	227,970,994	113,985,497
2003	4,000,414,326	2,433,913,759	1,347,489,110	144,760,534	74,250,923
2004 ^	4,045,327,000	2,513,127,000	1,209,600,000	267,400,000	55,200,000
2005 ^	4,196,683,000	2,622,483,000	1,209,600,000	307,700,000	56,900,000

^ Appropriation. For "Medicaid - Current Obligations
* (Source of Federal funds) Title XIX funds
** (Name of Transferred funds) CHOICE, Seriously MI, Day Services DD, Bonus revenue L. Carter Hospital, CMIA refunds
*** (Name of Local fund) Transfers of Health Care for the Indigent; Medical Assistance for Wards

Funding Details: Medicaid Program expenditures are shared with the federal government. The federal reimbursement rate, or federal medical assistance percentage (FMAP), is annually determined by a statutory formula that is based on a three-year average of each state's personal income compared to national per capita income. A state's FMAP may vary between 50% and 83%, with states with higher per capita incomes receiving lower FMAPs. For the last several years, Indiana's FMAP for direct services has been approximately 62%. Administrative services typically are reimbursed at 50%, but may be as high as 90% for some administrative systems.

The state share of Medicaid expenditures generally comes from general revenues. However, federal regulations also permit state funds to come from local contributions, intergovernmental transfers (IGTs), and certain provider-specific taxes.

Program Name: Medicaid Categories – Aged

Indiana Code Cite: IC 12-15-2-10
Administrative Code Cite: IAC 405
Account Number: 3530/185600

Administrative Division: Office of Medicaid Policy and Planning
Advisory Board/Commission: Medicaid Advisory Committee (IC 12-15-33-2)

Program Description -
Purpose: To provide medical assistance to individuals who are aged 65 and older.

Federal History/Requirements: Title XIX of the federal Social Security Act of 1965. This category is a mandatory population required by the federal government to be covered under a state Medicaid program.

State History/Requirements:

Program Services: Regular Medicaid services, except for undocumented aliens who are eligible for emergency services only.

Service Providers/Agencies: See *Medicaid-General Program Information*.

Client Intake: Local Offices of Family and Children.

Program Clients -
Target Population: Certain aged individuals.

Eligibility Requirements: Individuals must be aged 65 or older. For CY 2003, the minimum income eligibility requirement was a monthly income of $552 for an individual or $829 for a couple. Income standards are increased annually. A resource limit of $1,500 for an individual or $2,250 for a couple is also imposed.

Individuals whose income exceeds the income standard can qualify for Medicaid under the spend-down provision if their monthly ongoing and/or anticipated medical expenses exceed their surplus income.

For individuals in Medicaid-certified facilities, after initial eligibility is established, a post-eligibility determination is made in order to establish the amount of the recipient's income that must be applied to the cost of care. Individuals are permitted to retain $52 each month as a personal needs allowance. The amount is exempt from income eligibility consideration and is exclusively for the use of the recipient for personal needs.

For veterans, the maximum amount of the reduced VA benefit payable to a single veteran or veteran's widow in a nursing facility is $90 per month. The amount of this reduced VA benefit is the personal needs allowance for the individual.

Spouses who continue to live in the community while the Medicaid recipient resides in a nursing home are permitted an allocation of the institutionalized spouse's income for the purpose of preventing impoverishment of the community spouse. The monthly spousal income standard is $1,493 with a $448

monthly shelter standard. The maximum maintenance standard is $2,267.

No. of Clients Served (Snapshot: June 30, 2003): 56,402
No. of Clients Served in FY 2003 (Unduplicated for year): 70,693

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	993,810,000	616,162,000	377,648,000		
2002	1,034,399,000	641,327,000	393,071,000		
2003	994,223,000	616,418,000	377,805,000		
2004 ^					
2005 ^					

^ Appropriation.
* (Source of Federal funds) Title XIX funds
** (Name of Dedicated fund)
*** (Name of Local fund)

Funding Details: The expenditures for direct services in the Medicaid Program are shared with the federal government, with the federal share being approximately 62% and the state share being approximately 38%.

Program Name: Medicaid Category – Blind

Indiana Code Cite: IC 12-15-2-3
Administrative Code Cite: IAC 405
Account Number: 3530/185600

Administrative Division: Office of Medicaid Policy and Planning
Advisory Board/Commission: Medicaid Advisory Committee (IC 12-15-33-2)

Program Description -
Purpose: To provide medical assistance to individuals who are blind.

Federal History/Requirements: Title XIX of the federal Social Security Act of 1965. This category is a mandatory population required by the federal government to be covered under a state Medicaid program.

State History/Requirements:

Program Services: Regular Medicaid services, except for undocumented aliens who are eligible for emergency services only.

Service Providers/Agencies: See *Medicaid-General Program Information*.

Client Intake: Local Offices of Family and Children

Program Clients -
Target Population: Certain blind individuals.

Eligibility Requirements: Individuals who are blind under the definition used by the federal Social Security Administration (vision of 20/200 or less in the better eye with the use of correcting lenses, or with tunnel vision of 20 degreees or less, or who met the October 1972 state definition of blindness and received payments under the state's program of Aid to the Blind in December 1973, or persons aged 65 or older who receive Supplemental Security Income (SSI) because they are blind and are classified as blind rather than aged).

For CY 2003, the minimum income eligibility requirement was a monthly income of $552 for an individual or $829 for a couple. Income standards are increased annually. A resource limit of $1,500 for an individual or $2,250 for a couple is also imposed.

Individuals whose income exceeds the income standard can qualify for Medicaid under the spend-down provision if their monthly ongoing and/or anticipated medical expenses exceed their surplus income.

For individuals in Medicaid-certified facilities, after initial eligibility is established, a post-eligibility determination is made in order to establish the amount of the recipient's income that must be applied to the cost of care. Individuals are permitted to retain $52 each month as a personal needs allowance. The amount is exempt from income eligibility consideration and is exclusively for the use of the recipient for personal needs.

For veterans, the maximum amount of the reduced VA benefit payable to a single veteran or veteran's widow in a nursing facility is $90 per month. The amount of this reduced VA benefit is the personal needs allowance for the individual.

Spouses who continue to live in the community while the Medicaid recipient resides in a nursing home are permitted an allocation of the institutionalized spouse's income for the purpose of preventing impoverishment of the community spouse. The monthly spousal income standard is $1,493 with a $448 monthly shelter standard. The maximum maintenance standard is $2,267.

No. of Clients Served (Snapshot: June 30, 2003): 1,486
No. of Clients Served in FY 2003 (Unduplicated for year): 1,770

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	12,882,000	7,987,000	4,895,000		
2002	13,900,000	8,618,000	5,282,000		
2003	14,618,000	9,063,000	5,555,000		
2004 ^					
2005 ^					

^ Appropriation.
* (Source of Federal funds) Title XIX funds
** (Name of Dedicated fund)
*** (Name of Local fund)

Funding Details: The expenditures for direct services in the Medicaid Program are shared with the federal government, with the federal share being approximately 62% and the state share being approximately 38%.

Program Name: Medicaid Category – Disabled

Indiana Code Cite: IC 12-15-2-5
Administrative Code Cite: 405 IAC
Account Number: 3530/185600

Administrative Division: Office of Medicaid Policy and Planning
Advisory Board/Commission: Medicaid Advisory Committee (IC 12-15-33-2)

Program Description -
Purpose: To provide medical assistance to individuals who are disabled.

Federal History/Requirements: Title XIX of the federal Social Security Act of 1965. This category is a mandatory population required by the federal government to be covered under a state Medicaid program.

State History/Requirements:

Program Services: Regular Medicaid services, except for undocumented aliens who are eligible for emergency services only.

Service Providers/Agencies: See *Medicaid-General Program Information*.

Client Intake: Local Offices of Family and Children.

Program Clients -
Target Population: Certain disabled individuals.

Eligibility Requirements: Individuals who are disabled, as defined by a physical or mental impairment, disease, or loss that is verifiable by a physician, that appears reasonably certain to result in death or to last for a continuous period of at least 12 months without significant improvement, and that substantially impairs the individual's ability to perform labor or services or to engage in a useful occupation.

For CY 2003, the minimum income eligibility requirement was a monthly income of $552 for an individual or $829 for a couple. Income standards are increased annually. A resource limit of $1,500 for an individual or $2,250 for a couple is also imposed.

Individuals whose income exceeds the income standard can qualify for Medicaid under the spend-down provision if their monthly ongoing and/or anticipated medical expenses exceed their surplus income.

For individuals in Medicaid-certified facilities, after initial eligibility is established, a post-eligibility determination is made in order to establish the amount of the recipient’s income that must be applied to the cost of care. Individuals are permitted to retain $52 each month as a personal needs allowance. The amount is exempt from income eligibility consideration and is exclusively for the use of the recipient for personal needs.

For veterans, the maximum amount of the reduced VA benefit payable to a single veteran or veteran's widow in a nursing facility is $90 per month. The amount of this reduced VA benefit is the personal needs allowance

for the individual.

Spouses who continue to live in the community while the Medicaid recipient resides in a nursing home are permitted an allocation of the institutionalized spouse's income for the purpose of preventing impoverishment of the community spouse. The monthly spousal income standard is $1,493 with a $448 monthly shelter standard. The maximum maintenance standard is $2,267.

No. of Clients Served (Snapshot: June 30, 2003): 86,025
No. of Clients Served in FY 2003 (Unduplicated for year): 104,815

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	1,210,255,000	750,358,000	459,897,000		
2002	1,382,766,000	857,315,000	525,451,000		
2003	1,480,732,000	918,053,000	562,678,000		
2004 ^					
2005 ^					

^ Appropriation.
* (Source of Federal funds) Title XIX funds
** (Name of Dedicated fund)
*** (Name of Local fund)

Funding Details: The expenditures for direct services in the Medicaid Program are shared with the federal government, with the federal share being approximately 62% and the state share being approximately 38%.

Program Name: Medicaid Category – Breast and Cervical Cancer Screening

Indiana Code Cite: IC 12-15-2-13.5
Administrative Code Cite: 405 IAC
Account Number: 3530/185600

Administrative Division: Office of Medicaid Policy and Planning
Advisory Board/Commission: Medicaid Advisory Committee (IC 12-15-33-2)

Program Description -
Purpose: To provide cancer treatment services to certain women with breast or cervical cancer.

Federal History/Requirements: Title XIX of the federal Social Security Act of 1965 and the federal Breast and Cervical Cancer Prevention and Treatment Act of 2000. This category is an optional category.

State History/Requirements: Established by P.L. 152-2001.

Program Services: Regular Medicaid services.

Service Providers/Agencies: See *Medicaid - General Program Information*.

Client Intake: State Department of Health (for breast and cervical cancer screening); Local Office of Family and Children (for Medicaid enrollment).

Program Clients -
Target Population: Low-income women, age 40 and older, with breast or cervical cancer.

Eligibility Requirements: A woman who is less than 65 years of age and who has been (1) screened for breast or cervical cancer through the breast and cervical cancer screening program under the federal Breast and Cervical Cancer Mortality Prevention Act of 1990 and administered by the State Department of Health; (2) determined to need treatment for breast or cervical cancer; and (3) who is not otherwise covered under credible coverage. Services are limited to the duration of treatment required for the breast or cervical cancer. There are no additional income or resource standards applied to this group for Medicaid purposes beyond those required for the screening through the State Department of Health (i.e., 200% of FPL).

No. of Clients Served (Snapshot: June 30, 2003): 223
No. of Clients Served in FY 2003 (Unduplicated for year): 322

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	--	--	--		
2002	763,440	557,311	206,129		
2003	1,810,000	1,321,300	488,700		
2004 ^					
2005 ^					

^ Appropriation.
* (Source of Federal funds) Title XIX funds
** (Name of Dedicated fund)
*** (Name of Local fund)

Funding Details: Unlike other expenditures for direct services in the Medicaid Program, the federal share of expenditures for this category is provided at an annually determined enhanced FMAP rate (currently about 73% for Indiana).

Program Name: Medicaid Category – Children Under the Age of 19 (CHIP - Phase I)

Indiana Code Cite: IC 12-15-2-14
Administrative Code Cite: 405 IAC
Account Number: 3530/185600

Administrative Division: OMPP/Office of Children's Health Insurance Program
Advisory Board/Commission: Medicaid Advisory Committee (IC 12-15-33-2)

Program Description -
Purpose: To provide medical assistance to children from low-income families.

Federal History/Requirements: Title XXI of the federal Social Security Act (Children's Health Insurance Program) was enacted in 1997. The minimum requirement of the federal government for Medicaid coverage of children under the age of 6 is to cover children from families with incomes of 133% of the federal poverty level and children between the ages of 6 and 19 from families with incomes of 100% of the FPL. Title XXI permits states to make eligible for Medicaid children from families with incomes above the federal minimums. States may also use resource standards under certain conditions.

State History/Requirements: Prior to the passage of P.L. 273-1999, income eligibility requirements for children varied by age of the child: children under the age of 1 year (150% of FPL); children over the age of 1 year, but less than 6 (133% of FPL); children born after September 30, 1983 (100% of FPL); and children born before September 30, 1983 and under the age of 19 (originally not eligible under this category). The eligibility expansion provided by P.L. 273-1999 established a single Medicaid income threshold of 150% of FPL for all children under the age of 19.

(Note: This eligibility expansion is referred to as Phase I of the Children's Health Insurance Program (CHIP). CHIP I thus covers children through the age of 5 from families with incomes between 133% and 150% of FPL, as well as children from the age of 6 through age 18 from families with incomes between 100% and 150% of FPL. Phase II of the CHIP program provides services to children from families between 150% and 200% of FPL and is discussed in the section, *Children's Health Insurance Program*.)

Program Services: Regular Medicaid services. [Note: This category is known as Phase I of the CHIP Program. The medical assistance services provided to all children with incomes below 150% of FPL, both Medicaid and CHIP-Phase I, are identical. Only the sources of funding are different.] This category is administered as part of the Indiana Hoosier Healthwise Program.

Service Providers/Agencies: See *Medicaid-General Program Information*.

Client Intake: Local Offices of Family and Children; Authorized Hoosier Healthwise enrollment centers, such as hospitals and community health centers; Mail-in applications.

Program Clients -
Target Population: Low-income children.

Eligibility Requirements: (1) Children over the age of 1 year, but less than 6 years (with incomes between 133% and 150% of FPL); and (2) Children between the ages of 6 and 19 (with incomes between 100% and 150% of FPL). There is no limit on resources.

No. of Clients Served (Snapshot: June 30, 2003): 46,244
No. of Clients Served in FY 2003 (Unduplicated for year): 94,922

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	69,987,000	51,090,000		18,896,000	
2002	69,167,000	50,492,000		18,675,000	
2003	60,900,000	44,457,000		16,443,000	
2004 ^					
2005 ^					

^ Appropriation.
* (Source of Federal funds) Title XIX funds
** (Name of Dedicated fund) Tobacco Master Settlement Agreement Fund (IC 4-12-1-14.3)
*** (Name of Local fund)

Funding Details: The state share of expenditures for this expansion group of children made eligible by P.L. 273-1999 are paid through the Children's Health Insurance Program Fund from revenue received from the Tobacco Master Settlement Agreement.

The federal share of expenditures comes from capped allotments from the Children's Health Insurance Program. Federal reimbursement for CHIP-Phase I expenditures is provided at an annually determined enhanced FMAP rate (currently about 73% for Indiana).

Program Name: Medicaid Category – Children Aged 19 and 20

Indiana Code Cite: IC 12-15-2-12
Administrative Code Cite: 405 IAC
Account Number: 3530/185600

Administrative Division: Office of Medicaid Policy and Planning
Advisory Board/Commission: Medicaid Advisory Committee (IC 12-15-33-2)

Program Description -
Purpose: To provide medical assistance to children from low-income families.

Federal History/Requirements: Title XIX of the federal Social Security Act of 1965. Providing Medicaid coverage to children of age 19 and 20 is an optional category permitted by the federal government to be covered under a state Medicaid program.

State History/Requirements:

Program Services: Regular Medicaid services. This category is administered as part of the Indiana Hoosier Healthwise Program.

Service Providers/Agencies: See *Medicaid-General Program Information*.

Client Intake: Local Offices of Family and Children; Authorized Hoosier Healthwise enrollment centers, such as hospitals and community health centers.

Program Clients -
Target Population: Low-income children.

Eligibility Requirements: Children of age 19 or 20 who meet the same income and resource requirements as the TANF Program, except for the dependent child age limit.

Financial criteria for TANF include both income and resource requirements. A family's gross income must be less than 185% of the total standard of need according to family size as established in state statute. At the time of initial application, after certain exemptions and disregards are deducted, the net, or countable, income must be less than 90% of the standard of need (approximately 25% of the federal poverty level). Subsequent to application, income is limited to 100% of the federal poverty level in order to retain eligibility. [The determination of countable income begins with a family's gross income. An amount equal to $90 of earnings per participating member is disregarded each month, with an additional $30 disregarded for a period of 12 months following the onset of earnings and an additional 1/3 of the remainder disregarded for the first 4 months after the onset of earnings.]

At the time of initial application, total resources must be less than $1,000. Certain resources are exempt from consideration, such as the family's residence. Subsequent to application, total countable resources are limited to $1,500 in order to retain eligibility.

No. of Clients Served (Snapshot: June 30, 2003): 3,838
No. of Clients Served in FY 2003 (Unduplicated for year): 8,553

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	4,942,384	3,064,278	1,878,106		
2002	5,852,341	3,628,451	2,223,890		
2003	7,461,517	4,626,141	2,835,376		
2004 ^					
2005 ^					

^ Appropriation.
* (Source of Federal funds) Title XIX funds
** (Name of Dedicated fund)
*** (Name of Local fund)

Funding Details: The expenditures for direct services in the Medicaid Program are shared with the federal government. The federal cost-sharing rate (federal matching assistance percentage, or FMAP) is annually determined and currently is approximately 62% with the state share being approximately 38%. The state share of expenditures for these children are paid from the Medicaid Account in the state General Fund.

Program Name: Medicaid Category – Low-Income Children

Indiana Code Cite: IC 12-15-2-14
Administrative Code Cite: 405 IAC
Account Number: 3530/185600

Administrative Division: Office of Medicaid Policy and Planning
Advisory Board/Commission: Medicaid Advisory Committee (IC 12-15-33-2)

Program Description -
Purpose: To provide medical assistance to children from low-income families.

Federal History/Requirements: Title XIX of the federal Social Security Act of 1965. This category is a mandatory population required by the federal government to be covered under a state Medicaid program. The minimum requirement of the federal government is for coverage of children under the age of 6 from families with incomes of 133% of the federal poverty level (FPL) and children between the ages of 6 and 19 from families with incomes of 100% of the FPL. States are permitted to make eligible for Medicaid children from families with incomes above the federal minimums. States may also use resource standards under certain conditions.

State History/Requirements: This categorical description actually includes three different categories: (1) Children under the age of 1 year (up to 150% of FPL); (2) Children over the age of 1 year, but less than 6 years (up to 133% of FPL); and (3) Children under the age of 19 (up to 100% of FPL).

(Note: The eligibility expansion provided by P.L. 273-1999 established a single income threshold of 150% of FPL for all children under the age of 19. This eligibility expansion is sometimes referred to as CHIP-Phase I and is described in the category, *Children Under the Age of 19.* Phase II of the CHIP program provides services to children from families between 150% and 200% of FPL and is discussed in the section, *Children's Health Insurance Program*.)

Program Services: Regular Medicaid services. This category is administered as part of the Indiana Hoosier Healthwise Program.

Service Providers/Agencies: See *Medicaid-General Program Information*.

Client Intake: Local Offices of Family and Children; Authorized Hoosier Healthwise enrollment centers, such as hospitals and community health centers.

Program Clients -
Target Population: Low-income children.

Eligibility Requirements: (1) Children under the age of 1 year (up to 150% of FPL); (2) Children over the age of 1 year, but less than 6 years (up to 133% of FPL); and (3) Children under the age of 19 (up to 100% of FPL). There is no limit on resources.

No. of Clients Served (Snapshot: June 30, 2003): 179,444
No. of Clients Served in FY 2003 (Unduplicated for year): 316,280

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	235,851,000	146,228,000	89,623,000		
2002	279,694,000	173,410,000	106,284,000		
2003	273,695,000	169,691,000	104,004,000		
2004 ^					
2005 ^					

^ Appropriation.
* (Source of Federal funds) Title XIX funds
** (Name of Dedicated fund)
*** (Name of Local fund)

Funding Details: The expenditures for direct services in the Medicaid Program for those eligible age groups and income levels that existed prior to passage of P.L. 273-1999 are shared with the federal government. The federal cost-sharing rate (federal matching assistance percentage, or FMAP) is annually determined and currently is approximately 62% with the state share being approximately 38%. The state share of expenditures for these children are paid from the Medicaid Account in the state General Fund.

Program Name: Medicaid Category - Children in Psychiatric Facilities

Indiana Code Cite: IC 12-15-2-9
Administrative Code Cite: 405 IAC
Account Number: 3530/185600

Administrative Division: Office of Medicaid Policy and Planning
Advisory Board/Commission: Medicaid Advisory Committee (IC 12-15-33-2)

Program Description -
Purpose: To provide medical services to low-income children in psychiatric facilities.

Federal History/Requirements:

State History/Requirements:

Program Services: All regular Medicaid services.

Service Providers/Agencies: See *Medicaid - General Program Information*.

Client Intake: Local Offices of Family and Children.

Program Clients -
Target Population: Low-income children under the age of 21 in psychiatric facilities.

Eligibility Requirements: A child must be under age 21, an inpatient of a Medicaid-certified psychiatric facility, and meet TANF financial and nonfinancial eligibility requirements, except for the age 18 limitation, as if he were living at home. A recipient who is approved for Medicaid under this category prior to his 21st birthday remains eligible until age 22 so long as he remains in the psychiatric facility.

No. of Clients Served (Snapshot: June 30, 2003): 36
No. of Clients Served in FY 2003 (Unduplicated for year): 81

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	2,349,000	1,456,380	892,620		
2002	2,442,000	1,514,040	927,960		
2003	2,304,000	1,428,480	875,520		
2004 ^					
2005 ^					

^ Appropriation.
* (Source of Federal funds) Title XIX funds
** (Name of Dedicated fund)
*** (Name of Local fund)

Funding Details: The expenditures for direct services in the Medicaid Program are shared with the federal government. The federal cost-sharing rate is annually determined and currently is approximately 62% with the state share being approximately 38%. The state share of expenditures for these children are paid from the Medicaid Account in the state General Fund.

Program Name: Medicaid Category – Employees with Disabilities (M.E.D. Works Program)

Indiana Code Cite: IC 12-15-41
Administrative Code Cite: 405 IAC 2-9
Account Number: 3530/185600

Administrative Division: Office of Medicaid Policy and Planning
Advisory Board/Commission: Medicaid Work Incentives Council (IC 12-15-42-1)

Program Description -
Purpose: The M.E.D. Works program permits disabled, working individuals who would otherwise be ineligible for Medicaid due to employment earnings or resources to purchase medical coverage under the Medicaid Program.

Federal History/Requirements: Medicaid buy-in programs were originally established in the federal Balanced Budget Act of 1997 and later broadened by the federal Ticket to Work and Work Incentives Improvement Act of 1999. This coverage category is an optional category.

State History/Requirements: Established by P.L 287-2001 and effective July 1, 2002.

Program Services: Regular Medicaid services.

Service Providers/Agencies: See *Medicaid-General Program Information*.

Client Intake: Local Offices of Family and Children.

Program Clients -
Target Population: Employed individuals who have disabilities. This group actually consists of two categories: (1) a basic category for individuals who meet the Medicaid definition of disability without regard to the person's employment and (2) persons who lose eligibility in the basic category because of an improvement in their medical condition which, although may not be a medical recovery, is improved to the extent that the disability definition for the basic category is no longer met.

Eligibility Requirements: Individuals aged 16 through 64 with countable incomes less than 350% of the federal poverty level. For CY 2003, this amount was $2,620 ($2,716, effective April 4, 2004). Recipients are also subject to a resource limit of $2,000 for an individual or $3,000 for a couple. Parental resources are exempt. The disability requirement is the same as required under the traditional Medicaid disability program, without regard to a person's employment status.

In addition, a second category provides for medically improved individuals. This is for persons who lose eligibility in the basic category because of an improvement in their medical condition which, although not a medical recovery, is improved to the extent that the disability definition for the basic category is no longer met. This category is not currently being used due to questions surrounding implementation.

Individuals with incomes greater than 150% of the federal poverty level are charged a premium on a sliding-fee scale based on income. Recipients are also responsible for the same co-payments charged in the regular Medicaid Program.

No. of Clients Served (Snapshot: June 30, 2003): 5,035
No. of Clients Served in FY 2003 (Unduplicated for year): 6,503

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	--	--	--		
2002	--	--	--		
2003	83,625,320	51,847,698	31,777,622		
2004 ^					
2005 ^					

^ Appropriation.
* (Source of Federal funds) Title XIX funds
** (Name of Dedicated fund)
*** (Name of Local fund)

Funding Details: The expenditures for direct services in the Medicaid Program are shared with the federal government, with the federal share being approximately 62% and the state share being approximately 38%.

The program is partially funded with client premiums and co-payments.

Program Name: Medicaid Category – Newborn Children

Indiana Code Cite: IC 12-15-2-12
Administrative Code Cite: IAC 405
Account Number: 3530/185600

Administrative Division: Office of Medicaid Policy and Planning
Advisory Board/Commission: Medicaid Advisory Committee (IC 12-15-33-2)

Program Description -
Purpose: To provide medical assistance to newborn children from low-income families.

Federal History/Requirements: Title XIX of the federal Social Security Act of 1965. This category is a mandatory population required by the federal government to be covered under a state Medicaid program. The minimum requirement of the federal government is for coverage of newborns from families with incomes of 133% of the federal poverty level.

State History/Requirements: At state option, the income threshold is 150% of FPL.

Program Services: Regular Medicaid services.

Service Providers/Agencies: See *Medicaid-General Program Information*.

Client Intake: N/A. The newborn's mother would already be receiving Medicaid assistance.

Program Clients -
Target Population: Low-income children.

Eligibility Requirements: A child born to a woman who was receiving (and eligible for) traditional Indiana Medicaid or any Hoosier Healthwise benefit package except Package C, at the time of the child's birth, is deemed automatically eligible for Medicaid in the Newborn category. Coverage in this category continues for one year as long as the child continues to live with his mother in Indiana. There is no limit on resources.

No. of Clients Served (Snapshot: June 30, 2003): 35,918
No. of Clients Served in FY 2003 (Unduplicated for year): 68,541

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	118,120,000	73,234,000	44,886,000		
2002	132,228,000	80,981,000	50,247,000		
2003	146,091,000	90,576,000	55,515,000		
2004 ^					
2005 ^					

^ Appropriation.
* (Source of Federal funds) Title XIX funds
** (Name of Dedicated fund)
*** (Name of Local fund)

Funding Details: The expenditures for direct services in the Medicaid Program are shared with the federal government, with the federal share being approximately 62% and the state share being approximately 38%.

Program Name: Medicaid Category – Pregnant Women (Full Coverage)

Indiana Code Cite: IC 12-15-2-11
Administrative Code Cite: 405 IAC
Account Number: 3530/185600

Administrative Division: Office of Medicaid Policy and Planning
Advisory Board/Commission: Medicaid Advisory Committee (IC 12-15-33-2)

Program Description -
Purpose: To provide medical assistance to low-income pregnant women.

Federal History/Requirements: Title XIX of the federal Social Security Act of 1965. This category is a mandatory population required by the federal government to be covered under a state Medicaid program.

State History/Requirements:

Program Services: Regular Medicaid services. Services terminate 60 days after delivery.

Service Providers/Agencies: See *Medicaid-General Program Information*.

Client Intake: Local Offices of Family and Children; Authorized Hoosier Healthwise enrollment centers, such as hospitals and community health centers.

Program Clients -
Target Population: Low-income pregnant women.

Eligibility Requirements: Women with medically verified pregnancies who have a monthly countable income of less than $229 and countable resources under $1,000. The income and resource standards are equivalent to those under the TANF Program.

If the woman receives an increase in income which causes her countable income to exceed the standard, she remains eligible for pregnancy-related coverage through the end of the 60-day postpartum period without an imposition of or increases in spenddown requirement. However, during the 60-day period, Medicaid coverage is limited to payment of pregnancy-related and postpartum medical care.

No. of Clients Served (Snapshot: June 30, 2003): 5,846
No. of Clients Served in FY 2003 (Unduplicated for year): 14,987

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	30,347,000	18,815,000	11,532,000		
2002	32,628,000	20,229,000	12,399,000		
2003	33,488,000	20,763,000	12,725,000		
2004 ^					
2005 ^					

^ Appropriation.
* (Source of Federal funds) Title XIX funds
** (Name of Dedicated fund)
*** (Name of Local fund)

Funding Details: The expenditures for direct services in the Medicaid Program are shared with the federal government, with the federal share being approximately 62% and the state share being approximately 38%.

Program Name: Medicaid Category – Pregnant Women (Pregnancy-Related Coverage)

Indiana Code Cite: IC 12-15-2-13
Administrative Code Cite: 405 IAC
Account Number: 3530/185600

Administrative Division: Office of Medicaid Policy and Planning
Advisory Board/Commission: Medicaid Advisory Committee (IC 12-15-33-2)

Program Description -
Purpose: To provide medical assistance to low-income pregnant women.

Federal History/Requirements: Title XIX of the federal Social Security Act of 1965. This category is a mandatory population required by the federal government to be covered under a state Medicaid program. The minimum income standard of the federal government is for coverage of pregnant women from families with incomes of 133% of the federal poverty level and with income standards no higher than 185% of FPL.

State History/Requirements: At state option, the income threshold has been established at 150% of FPL.

Program Services: Services are limited to medical assistance related to pregnancy that are necessary for the health of the pregnant woman and fetus. This includes prenatal care, delivery, postpartum care, family planning services, and conditions that may complicate pregnancy. Services terminate 60 days after delivery.

Service Providers/Agencies: See *Medicaid-General Program Information*.

Client Intake: Local Offices of Family and Children; Authorized Hoosier Healthwise enrollment centers, such as hospitals and community health centers.

Program Clients -
Target Population: Low-income pregnant women.

Eligibility Requirements: Women with a medically verified pregnancy and who have a monthly income of less than 150% of the federal poverty level. There is no resource limit.

If the woman receives an increase in income which causes her countable income to exceed the standard, she remains eligible for pregnancy-related coverage through the end of the 60-day postpartum period without an imposition of or increase in spenddown requirement. However, during the 60-day period, Medicaid coverage is still limited to payment of pregnancy-related and postpartum medical care.

No. of Clients Served (Snapshot: June 30, 2003): 13,736
No. of Clients Served in FY 2003 (Unduplicated for year): 31,931

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	55,139,000	34,186,000	20,952,000		
2002	56,964,000	35,318,000	21,646,000		
2003	61,081,000	37,870,000	23,210,000		
2004 ^					
2005 ^					

^ Appropriation.
* (Source of Federal funds) Title XIX funds
** (Name of Dedicated fund)
*** (Name of Local fund)

Funding Details: The expenditures for direct services in the Medicaid Program are shared with the federal government, with the federal share being approximately 62% and the state share being approximately 38%.

Program Name: Medicaid Category – Qualified Individual-1 (QI-1)

Indiana Code Cite: IC 12-15
Administrative Code Cite: IAC 405
Account Number: 3530/185600

Administrative Division: Office of Medicaid Policy and Planning
Advisory Board/Commission: Medicaid Advisory Committee (IC 12-15-33-2)

Program Description -
Purpose: To provide additional assistance to individuals who are eligible for Medicare, Part A.

Federal History/Requirements: Title XIX of the federal Social Security Act of 1965. This category is a mandatory population required by the federal government to be covered under a state Medicaid program.

State History/Requirements:

Program Services: Payment of Medicare, Part B, premium.

Service Providers/Agencies:

Client Intake: Local Offices of Family and Children; Area Agencies on Aging.

Program Clients -
Target Population: Individuals eligible for Medicare, Part A (principally elderly individuals, with some disabled under the age of 65, and those with End-Stage Renal Disease).

Eligibility Requirements: The individual must be eligible for Medicare, Part A. The minimum income eligibility requirement is 135% of the federal poverty level. For 2003, this represents a monthly income of $1,011 for an individual or $1,364 for a couple. Income standards are increased annually. A resource limit of $4,000 for an individual or $6,000 for a couple is also imposed.

An individual is not eligible under this category if eligible under any other Medicaid category.

No. of Clients Served (Snapshot: June 30, 2003): 3,224
No. of Clients Served in FY 2003 (Unduplicated for year): 4,730

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	18,208	11,289	6,919		
2002	123,000	76,260	46,740		
2003	133,000	82,460	50,540		
2004 ^					
2005 ^					

^ Appropriation.
* (Source of Federal funds) Title XIX funds
** (Name of Dedicated fund)
*** (Name of Local fund)

Funding Details: The expenditures for direct services in the Medicaid Program are shared with the federal government, with the federal share being approximately 62% and the state share being approximately 38%. This expenditure is also subject to federal allotment.

Program Name: Medicaid Category – Qualified Medicare Beneficiary (QMB)

Indiana Code Cite: IC 12-15
Administrative Code Cite: IAC 405
Account Number: 3530/185600

Administrative Division: Office of Medicaid Policy and Planning
Advisory Board/Commission: Medicaid Advisory Committee (IC 12-15-33-2)

Program Description -
Purpose: To provide additional assistance to individuals who are eligible for Medicare, Part A.

Federal History/Requirements: Title XIX of the federal Social Security Act of 1965. This category is a mandatory population required by the federal government to be covered under a state Medicaid program.

State History/Requirements:

Program Services: Services include: (1) payment of the monthly premium for Medicare, Part B; (2) payment of the monthly premium for Premium Hospital Insurance under Medicare, Part A, for individuals not entitled to free Part A; and (3) payment of Medicare Part A and B deductibles and co-insurance.

Service Providers/Agencies:

Client Intake: Local Offices of Family and Children; Area Agencies on Aging.

Program Clients -
Target Population: Individuals eligible for Medicare, Part A (principally elderly individuals, with some disabled under the age of 65, and those with End-Stage Renal Disease).

Eligibility Requirements: Eligibility for Medicare, Part A. The minimum income eligibility requirement is 100% of the federal poverty level. For 2003, this represents a monthly income of $749 for an individual or $1,010 for a couple. Income standards are increased annually. A resource limit of $4,000 for an individual or $6,000 for a couple is also imposed.

An individual can be simultaneously eligible for QMB and any other full coverage medical assistance.

No. of Clients Served (Snapshot: June 30, 2003): 7,632
No. of Clients Served in FY 2003 (Unduplicated for year): 10,911

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	4,700,000	2,914,000	1,786,000		
2002	4,920,000	3,050,400	1,869,600		
2003	3,435,000	2,129,700	1,305,300		
2004 ^					
2005 ^					

^ Appropriation.
* (Source of Federal funds) Title XIX funds
** (Name of Dedicated fund)
*** (Name of Local fund)

Funding Details: The expenditures for direct services in the Medicaid Program are shared with the federal government, with the federal share being approximately 62% and the state share being approximately 38%.

Program Name: Medicaid Category – Qualified Disabled and Working Individuals

Indiana Code Cite: IC 12-15
Administrative Code Cite: IAC 405
Account Number: 3530/185600

Administrative Division: Office of Medicaid Policy and Planning
Advisory Board/Commission: Medicaid Advisory Committee (IC 12-15-33-2)

Program Description -
Purpose: To provide assistance to individuals who have lost eligibility for Medicare, Part A.

Federal History/Requirements: Title XIX of the federal Social Security Act of 1965; Omnibus Budget Reconciliation Act of 1989. This category is a mandatory population required by the federal government to be covered under a state Medicaid program.

State History/Requirements:

Program Services: Medicaid coverage under this category is limited to payment of the monthly premium for Medicare, Part A.

Service Providers/Agencies:

Client Intake: Local Offices of Family and Children; Area Agencies on Aging.

Program Clients -
Target Population: Individuals previously eligible for Medicare, Part A.

Eligibility Requirements: An individual must have lost or will lose premium-free Medicare, Part A, coverage due to the individual's employment status. The minimum income eligibility requirement is 200% of the federal poverty level. For 2003, this represents a monthly income of $1,497 for an individual or $2,020 for a couple. Income standards are increased annually. A resource limit of $4,000 for an individual or $6,000 for a couple is also imposed.

An individual is not eligible under this category if eligible under any other Medicaid category.

No. of Clients Served (Snapshot: June 30, 2003): None
No. of Clients Served in FY 2003 (Unduplicated for year): None

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	0				
2002	0				
2003	0				
2004 ^					
2005 ^					

^ Appropriation.
* (Source of Federal funds) Title XIX funds
** (Name of Dedicated fund)
*** (Name of Local fund)

Funding Details: The expenditures for direct services in the Medicaid Program are shared with the federal government, with the federal share being approximately 62% and the state share being approximately 38%. This expenditure is also subject to federal allotment.

Program Name: Medicaid Category - Room and Board Assistance-Related Medical Assistance

Indiana Code Cite: IC 12-15-2-5
Administrative Code Cite: 405 IAC
Account Number: 1000/105120

Administrative Division: Office of Medicaid Policy and Planning
Advisory Board/Commission: Medicaid Advisory Committee (IC 12-15-33-2)

Program Description -
Purpose: To provide medical assistance to individuals who are approved for the Room and Board Assistance (RBA) Program.

Federal History/Requirements: RBA-related coverage is a mandatory category.

State History/Requirements:

Program Services: All regular Medicaid services.

Service Providers/Agencies: See *Medicaid-General Program Information*.

Client Intake: Local Offices of Family and Children; Nongovernmental residential care facilities.

Program Clients -
Target Population: Individuals who are receiving Room and Board Assistance.

Eligibility Requirements: Individuals must be approved for the RBA Program and be aged, blind, or disabled. RBA recipients must be incapable of residing in their own home and eligible for Medicaid or the federal Supplemental Security Income (SSI) program. Persons with developmental disabilities may not participate in the RBA program.

The aged and blind requirements for RBA-related medical coverage are the same as those for the RBA Program. However, if an individual is disabled according to RBA requirements (the SSI disability definition), the individual must also meet the same, more restrictive requirement as under the Medicaid Program in order to receive RBA-related medical assistance as a disabled individual.

Disability under Medicaid is defined as a physical or mental impairment, disease, or loss that is verifiable by a physician, that appears reasonably certain to result in death or to last for a continuous period of at least 12 months without significant improvement, and that substantially impairs the individual's ability to perform labor or services or to engage in a useful occupation.

No. of Clients Served (Snapshot: June 30, 2003): 1,027
No. of Clients Served in FY 2003 (Unduplicated for year): 1,343

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	15,480,132	9,597,682	5,882,450		
2002	18,887,230	11,710,083	7,177,147		
2003	16,667,190	10,333,658	6,333,532		
2004 ^					
2005 ^					

^ Appropriation.
* (Source of Federal funds) Title XIX funds
** (Name of Dedicated fund)
*** (Name of Local fund)

Funding Details: The expenditures for direct services in the Medicaid Program are shared with the federal government, with the federal share being approximately 62% and the state share being approximately 38%.

Program Name: Medicaid Category – Refugee Medical Assistance

Indiana Code Cite: IC 12-15-2.5-1
Administrative Code Cite: 405 IAC
Account Number: 3530/185600

Administrative Division: Office of Medicaid Policy and Planning
Advisory Board/Commission: Medicaid Advisory Committee (IC 12-15-33-2)

Program Description -
Purpose: To provide medical assistance to refugees.

Federal History/Requirements: Title XIX of the federal Social Security Act of 1965. This category is a mandatory population required by the federal government to be covered under a state Medicaid program.

State History/Requirements:

Program Services: Immigrants who have entered the country legally and who are eligible under this category qualify for all regular Medicaid services. Immigrants who have entered illegally may qualify for emergency Medicaid services, only, as long as other financial and nonfinancial requirements are met.

Service Providers/Agencies: See *Medicaid-General Program Information*.

Client Intake: Local Offices of Family and Children.

Program Clients -
Target Population: Refugees who are legal permanent residents.

Eligibility Requirements: Individuals receiving Refugee Cash Assistance (lawful permanent residents who meet immigration status and identification requirements as a refugee and who are not eligible for cash assistance under the TANF Program) are eligible for Medicaid assistance for a period of one year plus one year of transitional benefits. Eligibility requirements differ for aliens who enter the country before or after August 22, 1996.

No. of Clients Served (Snapshot: June 30, 2003): 59
No. of Clients Served in FY 2003 (Unduplicated for year): 145

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	310,250	192,355	117,895		
2002	335,400	207,948	127,452		
2003	118,320	73,358	44,961		
2004 ^					
2005 ^					

^ Appropriation.
* (Source of Federal funds) Title XIX funds
** (Name of Dedicated fund)
*** (Name of Local fund)

Funding Details: The expenditures for direct services in the Medicaid Program are shared with the federal government, with the federal share being approximately 62% and the state share being approximately 38%.

Program Name: Medicaid Category – Specified Low-Income Medicare Beneficiary (SLMB)

Indiana Code Cite: IC 12-15
Administrative Code Cite: IAC 405
Account Number: 3530/185600

Administrative Division: Office of Medicaid Policy and Planning
Advisory Board/Commission: Medicaid Advisory Committee (IC 12-15-33-2)

Program Description -
Purpose: To provide additional assistance to individuals who are eligible for Medicare, Part A.

Federal History/Requirements: Title XIX of the federal Social Security Act of 1965. This category is a mandatory population required by the federal government to be covered under a state Medicaid program.

State History/Requirements:

Program Services: Limited to payment of Medicare, Part B, premiums.

Service Providers/Agencies:

Client Intake: Local Offices of Family and Children.

Program Clients -
Target Population: Individuals eligible for Medicare, Part A (principally elderly individuals, with some disabled under the age of 65, and those with End-Stage Renal Disease).

Eligibility Requirements: Eligibility for Medicare, Part A. There is no blindness or disability requirement.

The income eligibility requirement is 120% of the federal poverty level. For 2003, this represents a monthly income of $898 for an individual or $1,212 for a couple. Income standards are increased annually. A resource limit of $4,000 for an individual or $6,000 for a couple is also imposed.

An individual can be simultaneously eligible for SLMB and any other full-coverage medical assistance.

No. of Clients Served (Snapshot: June 30, 2003): 5,792
No. of Clients Served in FY 2003 (Unduplicated for year): 9,036

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	97,000	60,140	36,860		
2002	207,300	128,526	78,774		
2003	429,000	265,980	163,020		
2004 ^					
2005 ^					

^ Appropriation.
* (Source of Federal funds) Title XIX funds
** (Name of Dedicated fund)
*** (Name of Local fund)

Funding Details: The expenditures for direct services in the Medicaid Program are shared with the federal government, with the federal share being approximately 62% and the state share being approximately 38%.

Program Name: Medicaid Category - Individuals Receiving Supplemental Security Income (SSI)

Indiana Code Cite: IC 12-15-2-6
Administrative Code Cite: 405 IAC 2-6
Account Number: 3530/185600

Administrative Division: Office of Medicaid Policy and Planning
Advisory Board/Commission: Medicaid Advisory Committee (IC 12-15-33-2)

Program Description -
Purpose: To provide medical assistance to individuals who receive Supplemental Security Income (SSI) benefits.

Federal History/Requirements: Individuals who are eligible and receiving benefits under the SSI Program is a mandatory eligibility category that states must provide under their Medicaid programs. SSI is a federal cash assistance program for needy aged, blind, and disabled individuals who have little or no income or resources. SSI was established as a program in 1972 by combining three programs serving the three populations. However, states were given the option of defining different, more restrictive financial and nonfinancial requirements than exist for the SSI Program, as long as those standards were being used when SSI was created in 1972. Indiana is one of 11 states (referred to as "209(b) states) that have chosen to do so.

State History/Requirements: Indiana historically, as a 209(b) state, has maintained more restrictive financial and nonfinancial criteria than required under the SSI Program. Prior to 2001, Indiana's definition of disability was that the individual must have a physical or mental impairment or disease that appeared reasonably certain to continue throughout the individual's lifetime. (The SSI definition was that the impairment would last at least one year.) P.L. 287-2001 made the definition less restrictive by requiring the disability to be reasonably certain to last for a continuous period of at least four years. P.L. 218-2003 made the disability definition 12 months prospectively, however, Indiana's more restrictive financial criteria still apply.

Program Services: Regular Medicaid services.

Service Providers/Agencies: See *Medicaid-General Program Information*.

Client Intake: Local Offices of Family and Children.

Program Clients -
Target Population: Individuals receiving SSI benefits.

Eligibility Requirements: Eligibility criteria under this category include the: (1) receipt of SSI benefits; (2) same financial requirements as exist for the Low-Income Families category.

Financial criteria include both income and resource requirements. A family's gross income must be less than 185% of the total standard of need according to family size as established in state statute. At the time of initial application, after certain exemptions and disregards are deducted, the net, or countable, income must be less than 90% of the standard of need (approximately 25% of the federal poverty level). [The determination of countable income begins with a family's gross income. An amount equal to $90 of earnings

per participating member is disregarded each month, with an additional $30 disregarded for a period of 12 months following the onset of earnings and an additional 1/3 of the remainder disregarded for the first 4 months after the onset of earnings.]

At the time of initial application, total resources must be less than $1,000. Certain resources are exempt from consideration, such as the family's residence.

Individuals must be permitted to gain eligibility with a spend-down.

No. of Clients Served (Snapshot: June 30, 2003): 14,563
No. of Clients Served in FY 2003 (Unduplicated for year): 21,027

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	80,321,000	49,799,000	30,522,000		
2002	85,989,000	53,313,000	32,676,000		
2003	71,111,000	44,089,000	27,022,000		
2004 ^					
2005 ^					

^ Appropriation.
* (Source of Federal funds) Title XIX funds
** (Name of Dedicated fund)
*** (Name of Local fund)

Funding Details: The expenditures for direct services in the Medicaid Program are shared with the federal government, with the federal share being approximately 62% and the state share being approximately 38%.

Program Name: Medicaid Category - Low-Income Families

Indiana Code Cite: IC 12-15-2-3
Administrative Code Cite: 405 IAC
Account Number: 3530/185600

Administrative Division: Office of Medicaid Policy and Planning
Advisory Board/Commission: Medicaid Advisory Committee (IC 12-15-33-2)

Program Description -
Purpose: To provide medical assistance to members of certain low-income families who are eligible for the Temporary Assistance for Needy Families (TANF) program.

Federal History/Requirements: Title XIX of the federal Social Security Act of 1965; Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996.

Prior to passage of PRWORA, eligibility for the Aid to Families with Dependent Children (AFDC) Program automatically resulted in eligibility for the Medicaid Program. With the replacement of AFDC by the TANF Program, eligibility for the Medicaid Program has been partially de-linked from TANF eligibility. For purposes of Medicaid eligibility, PRWORA requires that individuals meeting a state's income, resource, and other eligibility criteria that existed for the AFDC Program on July 16, 1996, would be automatically eligible for Medicaid, regardless of an individual's participation in a state's TANF program.

This category is a mandatory population required by the federal government to be covered under a state Medicaid program.

State History/Requirements: Eligibility requirements for the TANF Program are determined by the states. However, Indiana's requirements have not changed since 1996. Consequently, individuals meeting the requirements for TANF are also eligible for Medicaid coverage.

Program Services: Regular Medicaid services.

Service Providers/Agencies: See *Medicaid-General Program Information*.

Client Intake: Local Offices of Family and Children.

Program Clients -
Target Population: TANF recipients are low-income families, generally a single-parent household.

Eligibility Requirements: Same as for TANF Program. In addition, up to 12 months of Transitional Medicaid Assistance is available to families discontinued from or denied TANF because of the increased earnings of a caretaker relative who was eligible for and received Medicaid in three of the preceding six months.

No. of Clients Served (Snapshot: June 30, 2003): 221,142
No. of Clients Served in FY 2003 (Unduplicated for year): 350,032

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	282,348,000	175,055,000	107,292,000		
2002	363,143,000	225,149,000	137,994,000		
2003	413,651,000	256,464,000	157,187,000		
2004 ^					
2005 ^					

^ Appropriation.
* (Source of Federal funds) Title XIX funds
** (Name of Dedicated fund)
*** (Name of Local fund)

Funding Details: The expenditures for direct services in the Medicaid Program are shared with the federal government, with the federal share being approximately 62% and the state share being approximately 38%.

Program Name: Medicaid Category – Children who are Wards

Indiana Code Cite: IC 12-15-2-16
Administrative Code Cite: 405 IAC
Account Number: 3530/185600

Administrative Division: Office of Medicaid Policy and Planning
Advisory Board/Commission: Medicaid Advisory Committee (IC 12-15-33-2)

Program Description -
Purpose: To provide medical assistance to children who are wards of the state.

Federal History/Requirements: Title XIX of the federal Social Security Act of 1965. This category is an optional coverage group.

State History/Requirements:

Program Services: Regular Medicaid services.

Service Providers/Agencies: See *Medicaid-General Program Information*.

Client Intake: Local Offices of Family and Children.

Program Clients -
Target Population: Children who are wards of the state.

Eligibility Requirements: Children under the age of 18 who are (1) adjudicated to be a child in need of services (CHINS); (2) placed in the custody of the Division of Family and Children and for whom parental rights have been terminated; or (3) in the custody of or under the supervision of the Division of Family and Children by an order of the court, including delinquent children and children being detained under protective custody pending a CHINS adjudication.

Income and resource eligibility requirements are the same as those for the TANF program. The monthly countable income limit for one child is $139.50, $198.00 for two children, and an additional $58.50 for each additional child.

No. of Clients Served (Snapshot: June 30, 2003): 4
No. of Clients Served in FY 2003 (Unduplicated for year): 44

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	149,192	92,500			56,693
2002	63,392	39,303			24,089
2003	57,166	35,443			21,723
2004 ^					
2005 ^					

^ Appropriation.
* (Source of Federal funds) Title XIX funds
** (Name of Dedicated fund)
*** (Name of Local fund) County Medical Assistance to Wards funds.

Funding Details: The expenditures for direct services in the Medicaid Program are shared with the federal government, with the federal share being approximately 62% and the state share being approximately 38%. The state share is paid from local property tax levies through the county Medical Assistance to Wards Funds.

Program Name: Medicaid Waiver - Aged and Disabled (A&D)

Indiana Code Cite: Noncode provision.
Administrative Code Cite:
Account Number: 6000/108900

Administrative Division: Office of Medicaid Policy and Planning; DDARS; DFC.
Advisory Board/Commission: Medicaid Advisory Committee (IC 12-15-33-2)

Program Description -
Purpose: The Aged and Disabled Medicaid Waiver is to provide home- and community-based services to Medicaid-eligible aged and disabled individuals who are at risk of losing their independence.

Federal History: Before 1981, the only long-term care benefit available through Medicaid was care in an institutional setting, such as nursing facilities, intermediate care facilities for the mentally retarded, or institutions for mental diseases. Under Section 1915(c) of Title XIX of the Social Security Act, states are now permitted to seek waivers of these statutory provisions. These waivers allow states to provide certain additional types of services, including nonmedical services, to categorically eligible individuals that would not otherwise be permitted: specifically, home- and community-based services. States must demonstrate to CMS that the additional coverage would be budget neutral to the federal government (i.e., the average estimated expenditure for individuals who would be served by the waiver must be no greater than the average estimated expenditure for these individuals in the absence of a waiver). States may limit the population to be covered and the amount, duration, and scope of services provided under the waiver.

State History: Established in 1990, the A&D waiver was authorized for 2003 to have 12,500 slots, 4,178 of which were funded. While OMPP has ultimate authority in the administration and supervision of policies, rules, and regulations for the home- and community-based waiver programs, DDARS operates the waiver program and DFC is responsible for eligibility determination for the Medicaid Program.

Program Services: All regular Medicaid services; adult day services; attendant care; case management; home-delivered meals; home modifications; homemaker services; respite care; assistive technology; assistive living; pest control; transportation; congregate care; community transition services; personal emergency response system; and vehicle modifications.

Service Providers/Agencies: See *Medicaid - General Program Information*.

Client Intake: Local Office of Family and Children; Area Agencies on Aging offices; Vocational Rehabilitation offices; Bureau of Developmental Disabilities Services field offices.

Program Clients -
Target Population: Aged and disabled individuals.

Eligibility Requirements: The Medicaid waivers fund services to individuals who are at risk of institutionalization, meet the nursing facility level of care, and meet the financial limits established by Medicaid.

Individuals must be eligible for one of the following Medicaid categories: M.E.D.Works, Low-income

families (TANF), Aged, Blind, or Disabled. The income threshold is 300% of the SSI Maximum Benefit Rate. For CY 2002, this amount on an annual basis was $19,620.

No. of Clients Served (Snapshot: June 30, 2003): 3,721
No. of Clients Served in FY 2003 (Unduplicated for year): 4,543

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	17,222,175	10,677,748	6,544,426		
2002	20,774,023	12,879,894	7,894,128		
2003	27,973,987	17,343,871	10,630,116		
2004 ^					
2005 ^					

^ Appropriation.
* (Source of Federal funds) Title XIX funds
** (Name of Dedicated fund)
*** (Name of Local fund)

Funding Details: The expenditures for direct services in the Medicaid Program are shared with the federal government. The federal cost-sharing rate (federal matching assistance percentage, or FMAP) is annually determined and currently is approximately 62% with the state share being approximately 38%.

The state share of expenditures for these waiver expenditures are paid from the Medicaid Account in the state General Fund, as well as General Fund appropriations through DDARS.

Program Name: Medicaid Waiver - Assisted Living Waiver

Indiana Code Cite: P.L. 100-2000 (Noncode)
Administrative Code Cite:
Account Number: 6000/108900

Administrative Division: Office of Medicaid Policy and Planning; DDARS; DFC.
Advisory Board/Commission: Medicaid Advisory Committee (IC 12-15-33-2)

Program Description -
Purpose: To provide services to individuals who are 18 years of age or older who meet nursing home level of care, but who choose to receive care in an assisted living facility.

Federal History: Before 1981, the only long-term care benefit available through Medicaid was care in an institutional setting, such as nursing facilities, intermediate care facilities for the mentally retarded, or institutions for mental diseases. Under Section 1915(c) of Title XIX of the Social Security Act, states are now permitted to seek waivers of these statutory provisions. These waivers allow states to provide certain additional types of services, including nonmedical services, to categorically eligible individuals that would not otherwise be permitted: specifically, home- and community-based services. States must demonstrate to CMS that the additional coverage would be budget neutral to the federal government (i.e., the average estimated expenditure for individuals who would be served by the waiver must be no greater than the average estimated expenditure for these individuals in the absence of a waiver). States may limit the population to be covered and the amount, duration, and scope of services provided under the waiver.

State History: Established in 2001, the Assisted Living waiver was authorized for 2003 to have 350 slots, all of which were funded. While OMPP has ultimate authority in the administration and supervision of policies, rules, and regulations for the home- and community-based waiver programs, DDARS operates the waiver program and DFC is responsible for eligibility determination for the Medicaid Program.

Program Services: All regular Medicaid services; case management; and assisted living services.

Service Providers/Agencies: See *Medicaid - General Program Information*.

Client Intake: Local Office of Family and Children; Area Agencies on Aging offices; Vocational Rehabilitation offices; Bureau of Developmental Disabilities Services field offices.

Program Clients -
Target Population: Aged and disabled individuals.

Eligibility Requirements: The Medicaid waivers fund services to individuals who are at risk of institutionalization, meet the nursing facility level of care, and meet the financial limits established by Medicaid.

Individuals must be eligible for one of the following Medicaid categories: M.E.D.Works, Aged, Blind, or Disabled. The income threshold is 300% of the SSI Maximum Benefit Rate. For CY 2002, this amount on an annual basis was $19,620.

No. of Clients Served (Snapshot: June 30, 2003): 27
No. of Clients Served in FY 2003 (Unduplicated for year): 40

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	--	--	--		
2002	--	--	--		
2003	71,582	44,380	27,201		
2004 ^					
2005 ^					

^ Appropriation.
* (Source of Federal funds) Title XIX funds
** (Name of Dedicated fund)
*** (Name of Local fund)

Funding Details: The expenditures for direct services in the Medicaid Program are shared with the federal government. The federal cost-sharing rate (federal matching assistance percentage, or FMAP) is annually determined and currently is approximately 62% with the state share being approximately 38%.

The state share of expenditures for these waiver expenditures are paid entirely from the Medicaid Account in the state General Fund.

Program Name: Medicaid Waiver - Autism

Indiana Code Cite: Noncode provision.
Administrative Code Cite:
Account Number: 6000/108900

Administrative Division: Office of Medicaid Policy and Planning; DDARS; DFC.
Advisory Board/Commission: Medicaid Advisory Committee (IC 12-15-33-2)

Program Description -
Purpose: The Autism Waiver provides home- and community-based services to individuals diagnosed as having autism.

Federal History: Before 1981, the only long-term care benefit available through Medicaid was care in an institutional setting, such as nursing facilities, intermediate care facilities for the mentally retarded, or institutions for mental diseases. Under Section 1915(c) of Title XIX of the Social Security Act, states are now permitted to seek waivers of these statutory provisions. These waivers allow states to provide certain additional types of services, including nonmedical services, to categorically eligible individuals that would not otherwise be permitted: specifically, home- and community-based services. States must demonstrate to CMS that the additional coverage would be budget neutral to the federal government (i.e., the average estimated expenditure for individuals who would be served by the waiver must be no greater than the average estimated expenditure for these individuals in the absence of a waiver). States may limit the population to be covered and the amount, duration, and scope of services provided under the waiver.

State History: Established in 1990, the autism waiver was authorized for 2003 to have 400 slots, with all slots funded. While OMPP has ultimate authority in the administration and supervision of policies, rules, and regulations for the home- and community-based waiver programs, DDARS operates the waiver program and DFC is responsible for eligibility determination for the Medicaid Program.

Program Services: All regular Medicaid services; residential habilitation and support; independence assistance services (IAS); community habilitation and participation; respite care; adult day services; prevocational services; supported employment follow-along; health care coordination; family and caregiver training; physical therapy; occupational therapy; speech/language therapy; recreational therapy; music therapy; psychological therapy; nutritional counseling; behavioral support services/crisis intervention; applied behavioral analysis; environmental modifications; specialized medical equipment and supplies; personal emergency response system; transportation; rent and food unrelated live-in caregiver; adult foster care; person-centered planning facilitation; community transition; case management; vehicle modifications; and day habilitation.

Service Providers/Agencies: See *Medicaid - General Program Information*.

Client Intake: Local Office of Family and Children; Area Agencies on Aging offices; Vocational Rehabilitation offices; Bureau of Developmental Disabilities Services field offices.

Program Clients -
Target Population: Individuals with autism.

Eligibility Requirements: The Medicaid waivers fund services to individuals who are at risk of institutionalization, meet the ICF/MR level of care, and meet the financial limits established by Medicaid.

Individuals must be eligible for one of the following Medicaid categories: M.E.D.Works, Low-income family (TANF), Aged, Blind, or Disabled. The income threshold is 300% of the SSI Maximum Benefit Rate. For CY 2002, this amount on an annual basis was $19,620.

An individual whose income exceeds the income eligibility threshold can still be eligible for Medicaid under the "spend-down provision". An individual's spend-down is the amount of income that is over the threshold for the individual's family size. Medical expenses in excess of the spend-down amount can be paid by Medicaid.

No. of Clients Served (Snapshot: June 30, 2003): 312
No. of Clients Served in FY 2003 (Unduplicated for year): 331

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	5,404,510	3,350,796	2,053,714		
2002	7,199,134	4,463,463	2,735,671		
2003	9,799,230	6,075,522	3,723,708		
2004 ^					
2005 ^					

^ Appropriation.
* (Source of Federal funds) Title XIX funds
** (Name of Dedicated fund)
*** (Name of Local fund)

Funding Details: The expenditures for direct services in the Medicaid Program are shared with the federal government. The federal cost-sharing rate (federal matching assistance percentage, or FMAP) is annually determined and currently is approximately 62% with the state share being approximately 38%.

The state share of expenditures for these waiver expenditures are paid from the Medicaid Account in the state General Fund, as well as General Fund appropriations from DDARS.

Program Name: Medicaid Waiver - Children with Serious Emotional Disturbance (SED)

Indiana Code Cite: Noncode provision.
Administrative Code Cite:
Account Number: 6000/108900

Administrative Division: Office of Medicaid Policy and Planning; DDARS; DMHA, DFC.
Advisory Board/Commission: Medicaid Advisory Committee (IC 12-15-33-2)

Program Description -
Purpose: The Children with Serious Emotional Disturbance (SED) Waiver provides home- and community-based services to individuals diagnosed as having a serious emotional disturbance.

Federal History: Before 1981, the only long-term care benefit available through Medicaid was care in an institutional setting, such as nursing facilities, intermediate care facilities for the mentally retarded, or institutions for mental diseases. Under Section 1915(c) of Title XIX of the Social Security Act, states are now permitted to seek waivers of these statutory provisions. These waivers allow states to provide certain additional types of services, including nonmedical services, to categorically eligible individuals that would not otherwise be permitted: specifically, home- and community-based services. States must demonstrate to CMS that the additional coverage would be budget neutral to the federal government (i.e., the average estimated expenditure for individuals who would be served by the waiver must be no greater than the average estimated expenditure for these individuals in the absence of a waiver). States may limit the population to be covered and the amount, duration, and scope of services provided under the waiver.

State History: Established February 1, 2004, as a pilot program, the SED waiver was authorized to have 50 slots for 2004 with expansion to 200 slots planned for 2005. The waiver is currently limited to children in ten counties: Daviess, Elkhart, Knox, Lake, Marion, Martin, Pike, Randolph, St. Joseph, and Vigo. While OMPP has ultimate authority in the administration and supervision of policies, rules, and regulations for the home- and community-based waiver programs, DDARS operates the waiver program and DFC is responsible for eligibility determination for the Medicaid Program.

Program Services: All regular Medicaid services; case management (wrap-around facilitation); independent living skills; family support and training; and respite care.

Service Providers/Agencies: See *Medicaid - General Program Information*.

Client Intake: Local Office of Family and Children; local community mental health centers.

Program Clients -
Target Population: Children with a serious emotional disturbance.

Eligibility Requirements: The Medicaid waivers fund services to individuals who are at risk of institutionalization, meet the ICF/MR level of care, and meet the financial limits established by Medicaid.

Individuals must be eligible for Medicaid under the Disabled category. The child must also be at least age 4 through age 21 and be eligible for a state psychiatric hospital placement due to a primary diagnosis of serious emotional disturbance. The child must also be a resident of one of the ten pilot counties.

The income threshold is 300% of the SSI Maximum Benefit Rate. For CY 2002, this amount on an annual basis was $19,620.

An individual whose income exceeds the income eligibility threshold can still be eligible for Medicaid under the "spend-down provision". An individual's spend-down is the amount of income that is over the threshold for the individual's family size. Medical expenses in excess of the spend-down amount can be paid by Medicaid.

No. of Clients Served (Snapshot: June 30, 2003): 0
No. of Clients Served in FY 2003 (Unduplicated for year): 0

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001					
2002					
2003					
2004 ^					
2005 ^					

^ Appropriation.
* (Source of Federal funds) Title XIX funds
** (Name of Dedicated fund)
*** (Name of Local fund)

Funding Details: The expenditures for direct services in the Medicaid Program are shared with the federal government. The federal cost-sharing rate (federal matching assistance percentage, or FMAP) is annually determined and currently is approximately 62% with the state share being approximately 38%.

The state share of expenditures for these waiver expenditures are paid from the Medicaid Account in the state General Fund, as well as General Fund appropriations from DDARS.

Program Name: Medicaid Waiver - Developmental Disability (DD)

Indiana Code Cite: Noncode provision.
Administrative Code Cite:
Account Number: 6000/108900

Administrative Division: Office of Medicaid Policy and Planning; DDARS; DFC.
Advisory Board/Commission: Medicaid Advisory Committee (IC 12-15-33-2)

Program Description -
Purpose: To provide support to individuals with developmental disabilities who choose to receive care in community-based settings.

Federal History: Before 1981, the only long-term care benefit available through Medicaid was care in an institutional setting, such as nursing facilities, intermediate care facilities for the mentally retarded, or institutions for mental diseases. Under Section 1915(c) of Title XIX of the Social Security Act, states are now permitted to seek waivers of these statutory provisions. These waivers allow states to provide certain additional types of services, including nonmedical services, to categorically eligible individuals that would not otherwise be permitted: specifically, home- and community-based services. States must demonstrate to CMS that the additional coverage would be budget neutral to the federal government (i.e., the average estimated expenditure for individuals who would be served by the waiver must be no greater than the average estimated expenditure for these individuals in the absence of a waiver). States may limit the population to be covered and the amount, duration, and scope of services provided under the waiver.

State History: Established in 2001, the DD waiver was authorized for 2003 to have 5,649 slots, 4,476 of which were funded. While OMPP has ultimate authority in the administration and supervision of policies, rules, and regulations for the home- and community-based waiver programs, DDARS operates the waiver program and DFC is responsible for eligibility determination for the Medicaid Program.

Program Services: All regular Medicaid services; residential habilitation and support; community habilitation and participation; respite care; adult day services (previously adult day care); pre-vocational services; supported employment; health care coordination; family and caregiver training; physical therapy; occupational therapy; speech/language therapy; recreational therapy; music therapy; therapy services; nutritional counseling; behavioral support services/crisis intervention; environmental modifications; specialized medical equipment and supplies; personal emergency response systems; transportation; rent and food expenses of an unrelated live-in caregiver; adult foster care; case management; person-centered planning facilitation, independence assistance services, day habilitation, vehicle modifications, and community transition services.

Service Providers/Agencies: See *Medicaid - General Program Information*.

Client Intake: Local Office of Family and Children; Area Agencies on Aging offices; Vocational Rehabilitation offices; Bureau of Developmental Disabilities Services field offices.

Program Clients -
Target Population: Individuals with developmental disabilities.

Eligibility Requirements: The Medicaid waivers fund services to individuals who are at risk of institutionalization, meet the ICF/MR level of care, and meet the financial limits established by Medicaid.

Individuals must be eligible for one of the following Medicaid categories: M.E.D.Works, Low-income family (TANF), Aged, Blind, or Disabled. The income threshold is 300% of the SSI Maximum Benefit Rate. For CY 2002, this amount on an annual basis was $19,620.

Individuals with developmental disabilities may be eligible for services. A developmental disability is defined as a mental and/or a physical impairment (other than a sole diagnosis of mental illness) that begins before the age of 22 and is expected to continue indefinitely. An individual must have substantial limitation in at least three of the following areas: self care; learning; mobility; self-direction; capacity for independent living; and economic self-sufficiency.

No. of Clients Served (Snapshot: June 30, 2003): 4,653
No. of Clients Served in FY 2003 (Unduplicated for year): 4,786

Program Funding -

Program Expenditures

SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	107,381,580	66,576,580	40,805,000		
2002	134,833,896	83,597,015	51,236,880		
2003	232,890,436	144,392,070	88,498,366		
2004 ^					
2005 ^					

^ Appropriation.
* (Source of Federal funds) Title XIX funds
** (Name of Dedicated fund)
*** (Name of Local fund)

Funding Details: The expenditures for direct services in the Medicaid Program are shared with the federal government. The federal cost-sharing rate (federal matching assistance percentage, or FMAP) is annually determined and currently is approximately 62% with the state share being approximately 38%.

The state share of expenditures for these waiver expenditures are paid from the Medicaid Account in the state General Fund., as well as General Fund appropriations through DDARS.

Program Name: Medicaid Waiver - Medically Fragile Children

Indiana Code Cite: Noncode provision.
Administrative Code Cite:
Account Number: 6000/108900

Administrative Division: Office of Medicaid Policy and Planning; DDARS; DFC.
Advisory Board/Commission: Medicaid Advisory Committee (IC 12-15-33-2)

Program Description -
Purpose: To provide home- and community-based services to children under the age of 18 who are in need of significant medical services, including those who are technologically dependent.

Federal History: Before 1981, the only long-term care benefit available through Medicaid was care in an institutional setting, such as nursing facilities, intermediate care facilities for the mentally retarded, or institutions for mental diseases. Under Section 1915(c) of Title XIX of the Social Security Act, states are now permitted to seek waivers of these statutory provisions. These waivers allow states to provide certain additional types of services, including nonmedical services, to categorically eligible individuals that would not otherwise be permitted: specifically, home- and community-based services. States must demonstrate to CMS that the additional coverage would be budget neutral to the federal government (i.e., the average estimated expenditure for individuals who would be served by the waiver must be no greater than the average estimated expenditure for these individuals in the absence of a waiver). States may limit the population to be covered and the amount, duration, and scope of services provided under the waiver.

State History: Established in 1992, the Medically Fragile Children's waiver was authorized for 2003 to have 150 slots, all of which were funded. This waiver is a "model waiver and is thereby limited by federal regulation to a maximum of 200 authorized slots. While OMPP has ultimate authority in the administration and supervision of policies, rules, and regulations for the home- and community-based waiver programs, DDARS operates the waiver program and DFC is responsible for eligibility determination for the Medicaid Program.

Program Services: All regular Medicaid services; attendant care; case management; environmental modifications; respite care; and vehicle modifications.

Service Providers/Agencies: See *Medicaid - General Program Information*.

Client Intake: Local Office of Family and Children; Area Agencies on Aging offices; Vocational Rehabilitation offices; Bureau of Developmental Disabilities Services field offices.

Program Clients -
Target Population: Medically fragile children.

Eligibility Requirements: The Medicaid waivers fund services to individuals who are at risk of institutionalization, meet the skilled nursing facility or hospital level of care, and meet the financial limits established by Medicaid.

Individuals must be eligible for one of the following Medicaid categories: M.E.D.Works, Blind, or Disabled.

The income threshold is 300% of the SSI Maximum Benefit Rate. For CY 2002, this amount on an annual basis was $19,620.

No. of Clients Served (Snapshot: June 30, 2003): 131
No. of Clients Served in FY 2003 (Unduplicated for year): 147

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	1,249,555	774,724	474,831		
2002	1,570,943	973,984	596,958		
2003	1,579,529	979,308	600,221		
2004 ^					
2005 ^					

^ Appropriation.
* (Source of Federal funds) Title XIX funds
** (Name of Dedicated fund)
*** (Name of Local fund)

Funding Details: The expenditures for direct services in the Medicaid Program are shared with the federal government. The federal cost-sharing rate (federal matching assistance percentage, or FMAP) is annually determined and currently is approximately 62% with the state share being approximately 38%.

The state share of expenditures for these waiver expenditures are paid entirely from the Medicaid Account in the state General Fund.

Program Name: Medicaid Waiver - Support Services

Indiana Code Cite: Noncode provision.
Administrative Code Cite:
Account Number: 6000/108900

Administrative Division: Office of Medicaid Policy and Planning; DDARS; DFC.
Advisory Board/Commission: Medicaid Advisory Committee (IC 12-15-33-2)

Program Description -
Purpose: To provide support to individuals with developmental disabilities who are in need of ICF/MR level of services, but who choose to remain in the community. This waiver differs from the Developmental Disabilities waiver by offering an annual "allowance of home- and community-based services needed primarily by individuals who are living at home with their families or other informal caregiver.

Federal History: Before 1981, the only long-term care benefit available through Medicaid was care in an institutional setting, such as nursing facilities, intermediate care facilities for the mentally retarded, or institutions for mental diseases. Under Section 1915(c) of Title XIX of the Social Security Act, states are now permitted to seek waivers of these statutory provisions. These waivers allow states to provide certain additional types of services, including nonmedical services, to categorically eligible individuals that would not otherwise be permitted: specifically, home- and community-based services. States must demonstrate to CMS that the additional coverage would be budget neutral to the federal government (i.e., the average estimated expenditure for individuals who would be served by the waiver must be no greater than the average estimated expenditure for these individuals in the absence of a waiver). States may limit the population to be covered and the amount, duration, and scope of services provided under the waiver.

State History: Established in 2002, the Support Services waiver was authorized for 2003 to have 2,258 slots. While OMPP has ultimate authority in the administration and supervision of policies, rules, and regulations for the home- and community-based waiver programs, DDARS operates the waiver program and DFC is responsible for eligibility determination for the Medicaid Program.

Program Services: All regular Medicaid services; community habilitation and participation; respite care; adult day services (previously adult day care); pre-vocational services; supported employment; health care coordination; family and caregiver training; physical therapy; occupational therapy; speech/language therapy; recreational therapy; music therapy; other therapy services; nutritional counseling; behavioral support services/crisis intervention; specialized medical equipment and supplies; personal emergency response systems; transportation; rent and food expenses of an unrelated live-in caregiver; vehicle modifications; case management; person-centered planning facilitation; and day habilitation services.

Service Providers/Agencies: See *Medicaid - General Program Information*.

Client Intake: Local Office of Family and Children; Area Agencies on Aging offices; Vocational Rehabilitation offices; Bureau of Developmental Disabilities Services field offices.

Program Clients -
Target Population: Individuals with developmental disabilities.

Eligibility Requirements: The Medicaid waivers fund services to individuals who are at risk of institutionalization, meet the ICF/MR level of care, and meet the financial limits established by Medicaid.

Individuals must be eligible for one of the following Medicaid categories: M.E.D.Works, Low-income families (TANF), Aged, Blind, or Disabled. The income threshold is 300% of the SSI Maximum Benefit Rate. For CY 2002, this amount on an annual basis was $19,620. Spend-down is permitted.

No. of Clients Served (Snapshot: June 30, 2003): 2,975
No. of Clients Served in FY 2003 (Unduplicated for year): 3,103

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	--	--	--		
2002	44,898	27,836	17,061		
2003	10,718,826	6,645,672	4,073,153		
2004 ^					
2005 ^					

^ Appropriation.
* (Source of Federal funds) Title XIX funds
** (Name of Dedicated fund)
*** (Name of Local fund)

Funding Details: The expenditures for direct services in the Medicaid Program are shared with the federal government. The federal cost-sharing rate (federal matching assistance percentage, or FMAP) is annually determined and currently is approximately 62% with the state share being approximately 38%.

The state share of expenditures for these waiver expenditures are paid from the Medicaid Account in the state General Fund, as well as General Fund appropriations through DDARS.

Program Name: Medicaid Waiver - Traumatic Brain Injury (TBI)

Indiana Code Cite: P.L. 74-1999 (Noncode)
Administrative Code Cite: 405 IAC
Account Number: 6000/108900

Administrative Division: Office of Medicaid Policy and Planning; DDARS; DFC.
Advisory Board/Commission: Medicaid Advisory Committee (IC 12-15-33-2)

Program Description -
Purpose: To provide home- and community-based services to individuals who have suffered injuries to the brain, including closed or open head injuries.

Federal History: Before 1981, the only long-term care benefit available through Medicaid was care in an institutional setting, such as nursing facilities, intermediate care facilities for the mentally retarded, or institutions for mental diseases. Under Section 1915(c) of Title XIX of the Social Security Act, states are now permitted to seek waivers of these statutory provisions. These waivers allow states to provide certain additional types of services, including nonmedical services, to categorically eligible individuals that would not otherwise be permitted: specifically, home- and community-based services. States must demonstrate to CMS that the additional coverage would be budget neutral to the federal government (i.e., the average estimated expenditure for individuals who would be served by the waiver must be no greater than the average estimated expenditure for these individuals in the absence of a waiver). States may limit the population to be covered and the amount, duration, and scope of services provided under the waiver.

State History: Established in 2000, the TBI waiver was authorized for 2003 to have 200 slots, 150 of which were funded. The TBI waiver is a "model waiver and is thereby limited by federal regulation to a maximum of 200 authorized slots. While OMPP has ultimate authority in the administration and supervision of policies, rules, and regulations for the home- and community-based waiver programs, DDARS operates the waiver program and DFC is responsible for eligibility determination for the Medicaid Program.

Program Services: All regular Medicaid services; case management; environmental modifications; homemaker; prevocational services; supported employment; personal care; personal emergency response system; respite care; specialized medical equipment and supplies; speech therapy; language therapy; behavioral support services; occupational therapy; physical therapy; residential habilitation and support; attendant care; therapy services; adult day services; transportation; health care coordination; structured day programs; and vehicle modifications.

Service Providers/Agencies: See *Medicaid - General Program Information*.

Client Intake: Local Office of Family and Children; Area Agencies on Aging offices; Vocational Rehabilitation offices; Bureau of Developmental Disabilities Services field offices.

Program Clients -
Target Population: Individuals with a traumatic brain injury.

Eligibility Requirements: The Medicaid waivers fund services to individuals who are at risk of institutionalization, meet the nursing facility level of care, and meet the financial limits established by Medicaid.

Individuals must be eligible for one of the following Medicaid categories: M.E.D.Works, Low-income families (TANF), Aged, Blind, or Disabled. The income threshold is 300% of the SSI Maximum Benefit Rate. For CY 2002, this amount on an annual basis was $19,620.

No. of Clients Served (Snapshot: June 30, 2003): 137
No. of Clients Served in FY 2003 (Unduplicated for year): 157

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	1,127,005	698,743	428,262		
2002	2,480,228	1,537,741	942,487		
2003	3,414,732	2,117,134	1,297,598		
2004 ^					
2005 ^					

^ Appropriation.
* (Source of Federal funds) Title XIX funds
** (Name of Dedicated fund)
*** (Name of Local fund)

Funding Details: The expenditures for direct services in the Medicaid Program are shared with the federal government. The federal cost-sharing rate (federal matching assistance percentage, or FMAP) is annually determined and currently is approximately 62% with the state share being approximately 38%.

The state share of expenditures for these waiver expenditures are paid entirely from the Medicaid Account in the state General Fund.

Program Name: - Indiana Chronic Disease Management Program

Indiana Code Cite: IC 12-15-12-19
Administrative Code Cite: 405 IAC
Account Number: 3550/170000

Administrative Division: Office of Medicaid Policy and Planning
Advisory Board/Commission: Medicaid Advisory Committee (IC 12-15-33-2)

Program Description -
Purpose: To build a sustainable, comprehensive, locally based infrastructure; strengthen the existing public health infrastructure; and help improve quality of health care for patients with chronic diseases.

Federal History/Requirements:

State History/Requirements: P.L. 291-2001. The Indiana Chronic Disease Management Program (ICDMP) was developed through a joint effort between OMPP and the Indiana State Department of Health and was implemented in June 2003. The ICDMP focuses on developing linkages between care management and primary care by providing health care providers with tools to better manage chronic care and patients with self-management tools to be more active participants in their health care. The ICDMP is a statewide program and includes Medicaid recipients in both primary care case management and risk-based managed care.

Program Services: Services include the following: (1) Care management, provided through a centralized telephone call center for lower severity recipients focusing on health assessments and the provision of educational materials; (2) Assignment to a nurse care management network for higher severity recipients, where the nurse care manager works with the member's primary medical provider in the provision of assessments and education; (3) Use of a chronic disease management system, an internet-based chronic disease registry and information system to enhance communication about the patient among those involved in the member's care as well as the member's physician; and (4) Collaborative training for primary care practices. The system will contain clinical as well as claims information on individual members, and will also be used to track health assessments, schedule patient contacts, and contain the individualized care plans.

Service Providers/Agencies:

Client Intake: Through the Medicaid Program.

Program Clients -
Target Population: Persons with diabetes, asthma, congestive heart failure, hypertension, HIV/AIDS, and persons who are at high risk of chronic disease.

Eligibility Requirements: Eligibility is through the Medicaid Program.

No. of Clients Served (Snapshot: June 30, 2003): 4,000
No. of Clients Served in FY 2003 (Unduplicated for year): 4,493

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	****				
2002	****				
2003	****				
2004 ^	****				
2005 ^	****				

^ Appropriation.
* (Source of Federal funds)
** (Name of Dedicated fund)
*** (Name of Local fund)
**** Expenditure totals are included in other aid categories.

Funding Details: Expenditures in this program are considered as administrative expenditures and receive federal reimbursement at a rate of 50%.

Program Name: Medicaid - Disproportionate Share Hospital (DSH) Program

Indiana Code Cite: IC 12-15
Administrative Code Cite: 405 IAC 1-13
Account Number: 6000/157100

Administrative Division: Office of Medicaid Policy and Planning
Advisory Board/Commission: Medicaid Advisory Committee (IC 12-15-33-2)

Program Description -
Purpose: To provide additional payments to those hospitals that serve a disproportionate percentage of Medicaid and low-income patients.

Federal History: Federal Medicaid law requires that payment rates for inpatient hospital services take into account the situation of hospitals which serve a disproportionate number of low-income patients with special needs. Unlike other federal Medicaid matching payments, the federal contribution toward DSH payments is not open-ended and, instead, is subject to an allocation procedure. The allocations are subject to state-specific caps, an aggregate state cap on payments to institutions for mental diseases, and hospital-specific caps for individual hospitals.

State History: States have significant discretion in determining the definitions of hospitals eligible for payments, as well as the payment distribution methodology. State funding is permitted to come from general revenues, intergovernmental transfers (IGTs), or provider taxes (as long as the taxes are broad-based and have no "hold harmless provisions).

Program Services: Program services consist of additional Medicaid payments to certain municipal and acute care hospitals, state mental health institutions, private psychiatric institutions, and community mental health centers.

Service Providers/Agencies:

Client Intake:

Program Clients -
Target Population: Hospital providers of inpatient hospital services who serve a disproportionate number of low-income patients.

Eligibility Requirements: Each hospital's eligibility is based on utilization and revenue data from the most recent year for which an audited cost report is on file. General criteria include either (1) Medicaid utilization of at least one standard deviation above the statewide mean or (2) Medicaid revenue as a percentage of total hospital revenue of at least 25%. Qualifying hospitals must have Medicaid utilization of at least 1% by federal statute.

No. of Clients Served (Snapshot: June 30, 2003):
No. of Clients Served in FY 2003 (Unduplicated for year):

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	332,556,669	206,271,693	55,255,313		71,029,663
2002	305,502,770	189,521,995	96,965,456		19,015,319
2003	346,568,937	215,231,269	62,514,558		68,823,110
2004 ^	203,937,846	127,094,066	31,715,408		45,128,372
2005 ^					

^ Appropriation.
* (Source of Federal funds) Title XIX funds
** (Name of Dedicated fund)
*** (Name of Local fund) Intergovernmental transfers through the Medicaid Indigent Care Trust Fund.

Funding Details: The expenditures for DSH payments are shared with the federal government, with the federal share being approximately 62% and the state share being approximately 38%.

The state share of DSH payments is provided through the Medicaid account of the state General Fund for private psychiatric facilities, state mental health institutions, and the first $26 M for acute care hospitals. For all other DSH payments, the state share is provided by the hospitals through intergovernmental transfers through the Medicaid Indigent Care Trust Fund.

Total DSH payments for FY 2000 were approximately $315.5 M, of which, state mental health institutions received $112.5 M (35.7%), private psychiatric facilities received $2.0 M (0.6%), municipal hospitals received $29.6 M (9.4%), community mental health centers received $6.0 M (1.9%), and acute care hospitals received $165.4 M (52.4%).

Program Name: Indiana Long-Term Care Insurance Program

Indiana Code Cite: IC 12-15-39.6
Administrative Code Cite: 760 IAC 2-20
Account Number: 1000/105160

Administrative Division: Office of Medicaid Policy and Planning; Department of Insurance.
Advisory Board/Commission (Name/Code Cite):

Program Description -
Purpose: To encourage the sale and purchase of private long-term care insurance by providing Medicaid asset protection to purchasers of qualifying policies.

Federal History/Requirements: Federal approval for Indiana's program was received in December 1991.

State History/Requirements: Established in 1993 in P.L. 24-1997, Indiana is one of only four states with this type of program. The program is established to do the following: (1) Provide incentives for individuals to insure against the costs of providing for their long-term care needs; (2) Provide a mechanism for individuals to qualify for coverage of the costs of their long-term care needs under the Medicaid program without first being required to substantially exhaust all their resources; (3) Provide counseling services to individuals in planning for their long-term care needs; and (4) Alleviate the financial burden on the Medicaid Program by encouraging the purchase of long-term care insurance.

Program Services: The state works with private insurance carriers to provide private long-term care insurance policies that meet minimum state-established standards. Approved policies, called "partnership or "qualified policies (1) provide for guaranteed asset protection in the Medicaid Program; (2) have benefits that increase at the rate of 5% compounded annually; (3) if covering home and community care, include specific services; (4) use the same criteria for when benefits are paid, based on the policyholder's physical condition; (5) require insurance agents to receive 15 hours of training prior to selling partnership policies; (6) require an adequate minimum daily benefit; and (7) incorporate more consumer protection and disclosure features than nonqualified policies.

The maximum amount of assets permitted to be held by a Medicaid recipient is $1,500. Purchase of a qualified policy for less than the state-established minimum benefit level ($187,613 for 2004) can result in a dollar-for-dollar protection of the policyholder's assets above the $1,500 resource limit. A qualified policy with benefits above the state-established minimum will protect all of the policyholder's assets. Asset protection also applies with regard to Medicaid estate recovery. Nonqualified policies do not provide asset protection from the Medicaid eligibility requirements nor from Medicaid estate recovery.

Premiums paid for qualified policies may be deducted for state income tax purposes.

Service Providers/Agencies: As of October 2003, 12 insurance companies offered partnership policies.

Client Intake: Partnership policies are sold by private insurance agents.

Program Clients: -
Target Population: Individuals (Indiana residents) with assets who are between the ages of 35 and 80.

Eligibility Requirements:

No. of Clients Served (Snapshot: June 30, 2003): Policies purchased through FY 2003 since 1993- 27,604
No. of Clients Served in FY 2003 (Unduplicated for year): Policies purchased in FY 2003 - 5,665

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	****				
2002	****				
2003	****				
2004 ^	****				
2005 ^	****				

^ Appropriation.
* (Source of Federal funds)
** (Name of Dedicated fund)
*** (Name of Local fund)
**** Expenditures for this program are included as part of the OMPP administration account and are not accounted for separately.

Funding Details: Funding for the program prior to 1998 was primarily from grants received from the Robert Wood Johnson Foundation. Currently, the Indiana Long-Term Care Insurance Program receives a 50% federal match for the administrative expenses of the program. No federal match is received for outreach expenses related to promoting the sale of policies to non-Medicaid recipients.

Program Name: Medical Services for Inmates and Patients (590 Program)

Indiana Code Cite: IC 12-16-1
Administrative Code Cite:
Account Number: 1000/655000 Budget Agency

Administrative Division: Office of Medicaid Policy and Planning; State Budget Agency.
Advisory Board/Commission: Medicaid Advisory Committee (IC 12-15-33)

Program Description -
Purpose: To provide medical care for committed individuals, patients, and students of certain state institutions.

Federal History/Requirements: Federal Medicaid rules generally prohibit residents of government-owned residential facilities from receiving Medicaid eligibility and reimbursement for services.

State History/Requirements: Institutionalized individuals in state-run facilities are considered wards of the state. As such, the state is responsible for providing necessary medical care for institutionalized persons. The 590 Program covers all medical services deemed covered under the Indiana Medicaid Program except transportation and only reimburses claims of more than $150. Claims for less than $150 are paid by the individual institution with budgeted operating funds. The 590 Program serves as a "payor of last resort ; private insurance and Medicare are billed first.

Program Services: This account provides the funding for out-of-institution medical care for committed individuals, patients, and students of institutions under the jurisdiction of the Department of Corrections, the State Department of Health, the Division of Mental Health and Addiction, the School for the Blind, the School for the Deaf, or the Division of Disability, Aging, and Rehabilitative Services. Claims for services must be in excess of $150 and for medical services that cannot be provided on-site and thus must be obtained out of the institution. The Medicaid claims processing system processes the 590 claims to comply with the statutory requirement that payment must be in conformance with Medicaid reimbursement rates as much as possible.

Service Providers/Agencies: Hospitals located in the vicinity of state-run institutions or that are under contract to provide specialized services to correctional institutions.

Client Intake:

Program Clients -
Target Population: Institutionalized, committed individuals, patients, and students of state-operated facilities.

Eligibility Requirements: Individuals must be institutionalized in a state-operated facility. Services must be unavailable on site and billed in excess of $150.

No. of Clients Served (Snapshot: June 30, 2003):
No. of Clients Served in FY 2003 (Unduplicated for year):

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	15,000,000		15,000,000		
2002	15,000,000		15,000,000		
2003	15,000,000		15,000,000		
2004 ^	23,497,570		23,497,570		
2005 ^	25,000,000		25,000,000		

^ Appropriation.
* (Source of Federal funds)
** (Name of Dedicated fund)
*** (Name of Local fund)

Funding Details: The 590 Program funding is 100% state dollars and appropriated to the State Budget Agency. The appropriation is open-ended; if the funds appropriated are not sufficient to reimburse providers for services appropriately provided and properly billed, additional funds are appropriated to meet the purpose of the program. (Expenditure information for this account was not available from FSSA at the time of publication. The expenditures reported for FY 2001 through FY 2003, above, reflect the appropriations, all of which were expended.)

Program Name: Children's Health Insurance Program (CHIP-Phase II)

Indiana Code Cite: IC 12-17.6
Administrative Code Cite: 407 IAC
Account Number: 3530/124400 (CHIP Assistance); 3550/120000 (CHIP Administration).

Administrative Division: Office of the Children's Health Insurance Program
Advisory Board/Commission: Children's Health Policy Board (IC 4-23-27)

Program Description -
Purpose: To provide health benefits coverage to uninsured children from low-income families.

Federal History/Requirements: Enacted in 1997 as Title XXI of the federal Social Security Act.

State History/Requirements: Established in P.L. 273-1999. CHIP-Phase II is administered as part of the Indiana Hoosier Healthwise Program.

Program Services: The services provided are similar to those provided through the Medicaid Program with certain limitations.

The following services are covered using the same coverage criteria, limitations, and procedures, including prior authorization, as Medicaid: (1) physician services; (2) inpatient hospital, except that inpatient rehabilitation services are limited to 50 days per calendar year; (3) outpatient hospital; (4) laboratory and radiology; (5) certified nurse practitioner; (6) family planning services and supplies; (7) certified nurse-midwife; (8) vision; (9) home health and clinic services; (10) dental; (11) hospice; (12) diabetes self-management training; (13) food supplements, nutritional supplements, and infant formulas; (14) restricted utilization; (15) consultations and second opinions; (16) anesthesia; (17) age-appropriate immunizations and periodic screening and diagnosis services.

The following services are covered with more restrictive coverage criteria, limitations, and procedures than in the Medicaid Program: (1) early intervention services; (2) evaluation and management services; (3) medical supplies and equipment; (4) mental health and substance abuse services; (5) therapy services; (6) transportation; (7) pharmacy services; (8) podiatry services; and (9) chiropractic services.

The following services are not covered by CHIP: (1) services that are not covered by the Medicaid Program; (2) services provided in a nursing facility; (3) services provided in an intermediate care facility for the mentally retarded (ICF/MR); (4) private duty nursing; (5) case management services for persons with HIV/AIDS, pregnant women, or mentally ill or emotionally disturbed individuals; (6) nonambulance transportation; (7) services provided by Christian Science nurses; (8) services provided in Christian Science sanatoriums; (9) Organ transplants; (10) over-the-counter drugs (except insulin); (11) reserved beds in psychiatric hospitals; and (12) services provided in inpatient mental health facilities (other than acute care hospitals) with more than 16 beds.

Service Providers/Agencies: Same providers as under the regular Medicaid Program.

Client Intake: Local Offices of Family and Children; Authorized Hoosier Healthwise enrollment centers, such as hospitals and community health centers; Mail-in applications.

Program Clients -
Target Population: Certain low-income children without health benefit coverage.

Eligibility Requirements: Children under the age of 19 from families with incomes between 150% and 200% of the federal poverty level and who are not eligible for Medicaid (unless subject to a spenddown) and who do not have other health benefit coverage.

No. of Clients Served (Snapshot: June 30, 2003): 13,949
No. of Clients Served in FY 2003 (Unduplicated for year): 27,353

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	7,267,000	5,304,000		1,962,000	
2002	11,313,000	8,258,000		3,055,000	
2003	15,426,000	11,260,000		4,165,000	
2004 ^					
2005 ^					

^ Appropriation.
* (Source of Federal funds)
** (Name of Dedicated fund) Tobacco Master Settlement Agreement Fund (IC 4-12-1-14.3)
*** (Name of Local fund)

Funding Details: Participation in the CHIP program is subject to cost-sharing requirements, which include monthly premium payments based on family income, as well as copayments for ambulance transportation and pharmaceuticals. The annual aggregate cost-sharing obligation for a family is limited to 5% of the family's annual income.

The state share of expenditures is funded through the Children's Health Insurance Program Fund from revenue received from the Tobacco Master Settlement Agreement.

The federal share of expenditures is provided at an annually determined enhanced FMAP rate (currently about 73% for Indiana). However, unlike the Medicaid Program, aggregate federal reimbursement is provided through and subject to an annual block grant allocation. Annual federal allotments have totaled about $70 M (FFY 1998 and FFY 1999); $63 M (FFY 2000); $60 M (FFY 2001); $47 M (FFY2002); $53.7 M (FFY 2003); and $54 M (FFY 2004). Projected federal allotments (used for both CHIP I and CHIP II) total $61 M for each of FFY 2005 through FFY 2007. The federal allotments are generally available for three years. Additional allotments to Indiana which were redistributed from other states totaled about $45 M for FFY

1998 and $105 M for FFY 1999.

Program Name: Indiana Prescription Drug Program (HoosierRx)

Indiana Code Cite: IC 12-10-16
Administrative Code Cite: 405 IAC 6
Account Number: 6000/144300; 6330/100400 (State Budget Agency)

Administrative Division: Office of Medicaid Policy and Planning
Advisory Board/Commission: Indiana Prescription Drug Advisory Committee (Noncode Provision)

Program Description -
Purpose: To provide state-funded assistance with the expense of prescription drugs for low-income senior citizens who have no other alternative coverage.

Federal History/Requirements:

State History/Requirements: The program was initiated in October 2000 using Tobacco Master Settlement Agreement funds. When implemented, the benefit was distributed to eligible low-income senior citizens as a refund of expenditures reimbursed on a quarterly basis. The first refunds were distributed in March 2001. The program revised the distribution of benefits to the point of service in July 2002, providing beneficiaries with benefits at the time of purchase. In addition, participating providers agreed to accept payment at Indiana Medicaid levels of reimbursement, thereby providing for an additional reduction in the total cost of drugs for participants.

The HoosierRx program was initially intended to provide assistance to low-income individuals on Medicare with no other prescription drug coverage, since Medicare historically has not covered prescription drugs. Program expenditures were prohibited if the federal Medicare program were to provide prescription drug benefits. With the enactment of a phased Medicare prescription drug benefit, the prohibition on the expenditure of HoosierRx funds has been removed and revised. The Indiana Prescription Drug Advisory Committee has subsequently been charged with recommending a complimentary benefit structure that allows these funds to continue to be spent to assist senior Hoosiers to gain access to needed prescription drugs in concert with the new Medicare benefit.

Program Services: The program provides a 50% discount from the Medicaid cost of prescription drugs up to an annual cap. The annual cap is based on a sliding income scale. Using the Medicaid cost of drugs provides a small discount to the initial cost of the drugs, stretching the HoosierRx benefit further. This discount continues to be available after the annual cap has been met.

Service Providers/Agencies: Participating pharmacies.

Client Intake: Applications are available on-line, at participating pharmacies, and from local DFC offices.

Program Clients -
Target Population: Low-income elderly.

Eligibility Requirements: Participants must be age 65 years or older; an Indiana resident, living in the state at least 90 days out of the last 12 months; and have no prescription drug coverage through an insurance plan

or Medicaid, including Medicaid spend-down recipients.

Maximum monthly income criteria include the following:
\$749 (single) and \$1,010 (married) for a \$1,000 annual cap;
\$898 (single) and \$1,212 (married) for a \$750 annual cap; and
\$1,011 (single) and \$1,364 (married) for a \$500 annual cap.

No. of Clients Served (Snapshot: June 30, 2003): 18,000
No. of Clients Served in FY 2003 (Unduplicated for year):

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	1,563,252			1,563,252	
2002	6,669,687			6,669,687	
2003	21,832,864			21,832,864	
2004 ^	8,000,000			8,000,000	
2005 ^	9,200,000			9,200,000	

^ Appropriation.
* (Source of Federal funds)
** (Name of Dedicated fund) Tobacco Master Settlement Agreement Fund (IC 4-12-1-14.3)
*** (Name of Local fund)

Funding Details: Funding is appropriated from the Indiana Tobacco Master Settlement Agreement proceeds.

Division of Disability, Aging, and Rehabilitative Services

Program Name: Accessing Technology Through Awareness in Indiana (ATTAIN)

Indiana Code Cite: IC 12-9-5-1
Administrative Code Cite:
Account Number: 6000/112300

Administrative Division: Division of Disability, Aging, and Rehabilitative Services
Advisory Board/Commission: ATTAIN Advisory Board (federal 29 U.S.C. 2212)

Program Description -
Purpose: The purpose of the Accessing Technology Through Awareness in Indiana (ATTAIN) project is to work with individuals with disabilities and their families to create systems change by developing a comprehensive, customer-responsive, statewide program of access to assistive technology.

Federal History/Requirements: The federal Technology-Related Assistance for Individuals with Disabilities Act of 1988 (Tech Act) provides funding to the Protection and Advocacy System, which in Indiana is represented by Indiana Protection and Advocacy Services (IPAS). IPAS advocates for persons with disabilities seeking technology or related services. The Tech Act of 1988 provides federal funds to states to encourage the delivery of technology to persons with disabilities.

State History/Requirements: In Indiana, the Assistive Technology through Action in Indiana, Inc., (Attain, Inc.) is the designated Tech Act agency and is funded by the National Institute on Disability and Rehabilitation Research, U.S. Department of Education.

Program Services: The project promotes community-based, technology-related services through training and outreach activities; empowerment and advocacy activities; individual case advocacy on funding issues; policy review; and position statements. The program provides funding for two centers in the state that provide assistance in matching technology to persons and assistance in obtaining services. The program leads a statewide effort to promote coordination and cooperation among various state agencies and funding sources to provide consumer responsive technology services.

Service Providers/Agencies: Attain, Inc.

Client Intake: Attain, Inc.

Program Clients -
Target Population: Individuals with disabilities.

Eligibility Requirements: ATTAIN serves all disabilities and age groups.

No. of Clients Served (Snapshot: June 30, 2003):
No. of Clients Served in FY 2003 (Unduplicated for year): VRS customers served is 30; Total persons served is 3,118, not including individuals receiving newsletters.

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	510,340	436,727	73,613		
2002	545,103	189,603	355,500		
2003	423,035	38,937	384,098		
2004 ^	710,938	355,438	355,500		
2005 ^	710,935	355,438	355,500		

^ Appropriation.
* (Source of Federal funds) State grants for technology-related assistance (DOE)
** (Name of Dedicated fund)
*** (Name of Local fund)

Funding Details: No state match is required.

Program Name: Adult Guardianship Program

Indiana Code Cite: IC 12-10-7
Administrative Code Cite: 460 IAC 1-5-1
Account Number: 1000/122930

Administrative Division: Division of Disability, Aging, and Rehabilitative Services
Advisory Board/Commission: Adult Guardianship Services Program Advisory Board (IC 12-10-8)

Program Description -
Purpose: To provide guardianship and less restrictive alternative services to indigent, incapacitated adults who are unable to care for themselves and/or manage their own affairs without assistance, who have no one to care for them and are unable to obtain private guardianship, or who have a developmental disability.

Federal History: NA

State History: The General Assembly established the Adult Guardianship Program in 1988. Historically, these grants have only provided services for residents or former residents of state-owned facilities. In the fall of 1990, services were provided to residents of Madison State Hospital and Fort Wayne State Developmental Center. In 1994, services were expanded to eligible residents of the state developmental centers at New Castle and Muscatatuck and to former residents of Central State Hospital who moved to community settings.

Program Services: Full guardianship, temporary guardianship, guardianship of the person, guardianship of the estate (when the estate is sufficiently small that a bank or private attorney will not serve as a guardian), and representative payee services are provided by the Adult Guardianship Program. In addition, identification and evaluation of adults who may need adult guardianship services are provided. The grants generally help provide funds for a local staff person and expenses of the guardianship, such as filing fees. The majority of the legal work required for the program is performed on a volunteer basis by local attorneys.

Service Providers/Agencies: Four Area Agencies on Aging; Two county mental health offices.

Client Intake: Four Area Agencies on Aging; Two county mental health offices.

Program Clients -
Target Population: Indigent, incapacitated adults.

Eligibility Requirements: Clients may be current or former residents of a state-operated, long-term care facility. Clients must be incapacitated and unable to handle their own affairs and must have no other appropriate person to serve as a guardian.

No. of Clients Served (Snapshot: June 30, 2003): 250
No. of Clients Served in FY 2003 (Unduplicated for year): 250

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	383,633		383,633		
2002	385,313		385,313		
2003	363,534		363,534		
2004 ^	484,936		484,936		
2005 ^	484,936		484,936		

^ Appropriation.
* (Source of Federal funds)
** (Name of Dedicated fund)
*** (Name of Local fund)

Funding Details: Entirely state-funded.

Program Name: Adult Protective Services

Indiana Code Cite: IC 12-10-3
Administrative Code Cite: 460 IAC 1-2-1
Account Number: 1000/122740

Administrative Division: Division of Disability, Aging, and Rehabilitative Services
Advisory Board/Commission: DDARS Advisory Council (IC 12-9-4)

Program Description -
Purpose: To provide a legal basis for intervention to protect endangered adults.

Federal History/Requirements: NA

State History/Requirements: Legislation addressing the protection of endangered adults from abuse, neglect, and exploitation was passed in 1985. The legislation created the Adult Protective Services Program.

Program Services: The Adult Protective Services Program (1) investigates complaints, or causes the complaints to be investigated by a law enforcement or other agency, and makes a determination as to whether the individual reported is an endangered adult and (2) upon a determination that an individual is an endangered adult, does the following: (A) initiates procedures that the Adult Protective Services Unit determines are necessary, based on an evaluation of the needs of the endangered adult, to protect the endangered adult; (B) coordinates and cooperates with the division or other appropriate persons to obtain protective services for the endangered adult, including the development of a plan in cooperation with the endangered adult, whereby the least restrictive protective services necessary to protect the endangered adult will be made available to the endangered adult; and (C) monitors the protective services provided the endangered adult to determine the effectiveness of the services. The program provides funding to county prosecuting attorneys to investigate reports of suspected adult endangerment and facilitates processes if reports are found to be substantiated.

Service Providers/Agencies: Prosecuting Attorneys.

Client Intake: Reports are made to the Adult Protective Services hotline.

Program Clients -
Target Population: Adults who are victims of abuse, neglect, or exploitation.

Eligibility Requirements: Endangered adults are individuals who are (1) at least 18 years old; (2) incapable by reason of mental illness, mental retardation, dementia, habitual drunkenness, excessive use of drugs, or other physical or mental incapacity of managing or directing the management of the individual's property or providing or directing the provision of self-care; and (3) harmed or threatened with harm as a result of neglect, battery, or exploitation of the individual's personal services or property.

No. of Clients Served (Snapshot: June 30, 2003): 88
No. of Clients Served in FY 2003 (Unduplicated for year): 12,940

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	758,000		896,036		
2002	1,561,258		1,669,520		
2003	1,992,225		2,012,602		
2004 ^	2,021,540		2,021,540		
2005 ^	2,021,540		2,021,540		

^ Appropriation.
* (Source of Federal funds)
** (Name of Dedicated fund)
*** (Name of Local fund)

Funding Details: Entirely state-funded.

Program Name: Aid to Independent Living, Part B

Indiana Code Cite: IC 12-12-8
Administrative Code Cite:
Account Number: 3720/172400

Administrative Division: Division of Disability, Aging, and Rehabilitative Services
Advisory Board/Commission: Indiana Council on Independent Living (Sec. 705 of federal Rehabilitation Act of 1973)

Program Description -
Purpose: The purpose of this program is to promote a philosophy of independent living, including a philosophy of consumer control, peer support, self-help, self-determination, equal access, and individual and systems advocacy.

Federal History/Requirements: Rehabilitation Act of 1973, Title VII, as amended.

State History/Requirements: Since 1985, Indiana has established nine Centers for Independent Living. The Title VII-B dollars support and fund services provided by the Centers and additionally provide funding for the Indiana Council on Independent Living.

Program Services: The program allows for the implementation of the State Plan for Independent Living, which includes supporting Centers for Independent Living which are consumer-controlled, community-based, cross-disability, nonresidential, private nonprofit agencies that are designed and operated within a local community by individuals with disabilities and provide an array of independent living services to individuals with significant disabilities. Funds are also utilized to support the Indiana Council on Independent Living, a federally mandated council whose members are appointed by the Governor.

Centers for Independent Living work to empower people with disabilities (and their families) to take charge of their own lives and lifestyles. Centers provide services which promote leadership, empowerment, independence, and productivity of persons with disabilities. Individuals with significant disabilities who are served by the Centers set their own independent living goals and work to achieve those goals with the help of Center staff. The independent living "four core services include information and referral, peer counseling and cross-disability counseling, independent living skill training, and individual and systems advocacy.

Service Providers/Agencies: Centers for Independent Living. There are currently nine in the state.

Client Intake: Centers for Independent Living.

Program Clients -
Target Population: Individuals with significant disabilities and their family members.

Eligibility Requirements: Individuals with significant disabilities.

No. of Clients Served (Snapshot: June 30, 2003): 1,050
No. of Clients Served in FY 2003 (Unduplicated for year): Not available.

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	967,353	942,465	25,188		
2002	1,152,275	1,093,822	58,452		
2003	1,282,608	1,237,090	45,517		
2004 ^	1,164,999	1,142,777	22,222		
2005 ^	1,164,999	1,142,777	22,222		

^ Appropriation.
* (Source of Federal funds) Rehabilitation Act of 1973, Title VII-B and SSA/VR federal finder's fees.
** (Name of Dedicated fund)
*** (Name of Local fund)

Funding Details: Funding is provided through a federal match ratio of 90% and a state match of 10%. Additional federal funds are transferred from SSA/VR, which represent finder's fees from post-1992 dollars. FSSA reports that these fees are available to the state and are not required by federal rules to remain in the SSA/VR program.

Program Name: Blind and Visually Impaired Services

Indiana Code Cite: IC 12-12-1-2
Administrative Code Cite:
Account Number: 3730/155700

Administrative Division: Division of Disability, Aging, and Rehabilitative Services
Advisory Board/Commission: Blind and Visually Impaired Services Advisory Board (nonstatutory)

Program Description -
Purpose: To enable blind or visually impaired individuals to learn skills that will enhance full participation in work, community, and home.

Federal History/Requirements: Rehabilitation Act of 1973.

State History/Requirements: Divisions of the Office of Blind and Visually Impaired Services include the Charles E. Bosma Rehabilitation Center, the Adaptive Technology Lab, and the Itinerant Rehabilitation Teaching Program. The Office also administers the Randolph Sheppard Business Enterprise Program, which is described in a separate section (see *Blind Vending Program*).

Program Services: Services at the Charles E. Bosma Rehabilitation Center in Indianapolis include training in personal and household management, orientation and mobility, counseling services, communications, adaptive technology, employment services,; and diabetes maintenance management.

The Adaptive Technology Lab is a computer lab designed to provide training to blind and visually impaired individuals in the use of adaptive equipment. Services include computer and closed circuit television (CCTV) assessments, worksite and home assessments, employer consultation, and vocational interest assessments.

The Itinerant Rehabilitation Teaching Program provides one-on-one instruction to individuals who are blind or visually impaired, usually in the home environment. Teachers are located statewide and serve all 92 counties. Training consists of three major categories: personal management skills, communication skills, and low-vision follow-up consultation.

Service Providers/Agencies: The Charles E. Bosma Rehabilitation Center is located in Indianapolis and is owned and operated by the state. The DDARS Office of Blind and Visually Impaired Services provides staffing and instructors for these programs.

Client Intake: Charles E. Bosma Rehabilitation Center; Vocational Rehabilitation offices; Office of Blind and Visually Impaired Services.

Program Clients: -
Target Population: Blind or visually impaired individuals.

Eligibility Requirements: Individuals must be blind or visually impaired. There are no age or income requirements.

No. of Clients Served (Snapshot: June 30, 2003): 4,000
No. of Clients Served in FY 2003 (Unduplicated for year): 4,000

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	1,258,292	970,440	287,851		
2002	1,588,696	961,298	627,397		
2003	1,195,706	892,640	303,366		
2004 ^	1,276,199	996,425	279,774		
2005 ^	1,279,199	996,425	279,774		

^ Appropriation.
* (Source of Federal funds) Vocational Rehabilitation Grant
** (Name of Dedicated fund)
*** (Name of Local fund)

Funding Details: Vocational Rehabilitation expenditures are 78.7% federal and 21.3% state funds.

Program Name: Bureau of Quality Improvement Services

Indiana Code Cite: IC 12-12.5.1
Administrative Code Cite:
Account Number: 6000/119500

Administrative Division: Division of Disability, Aging, and Rehabilitative Services
Advisory Board/Commission: DDARS Advisory Council (IC 12-9-4)

Program Description -
Purpose: To coordinate the quality assurance and quality improvement efforts within DDARS for individuals with developmental disabilities, physical disabilities, and the elderly.

Federal History/Requirements: See *Medicaid-General Program Information*.

State History/Requirements: The Bureau of Quality Improvement Services (BQIS) was established in January of 2001 to develop and implement quality assurance and quality improvement systems to assure the health and safety of individuals receiving supported living services through DDARS.

Program Services: The Bureau develops, implements, and monitors standards and guidelines for providers and case managers, develops performance measures, completes quality of life surveys, monitors the activities of the state developmental centers, and collects and analyzes data to evaluate the quality of services and improve services to meet the needs of individuals. The BQIS is responsible for the following: (1) monitoring services provided by (a) an entity that provides services to an individual with funds provided by the division or under the authority of the division and (b) an entity that has entered into a provider agreement to provide Medicaid in-home waiver services; (2) assist other bureaus in the division with quality assurance or quality improvement activities; and (3) establish and administer a complaint process for (a) an individual that receives services from an entity with funds provided through the division or under the authority of the division; (b) an entity that has entered into a provider agreement to provide Medicaid in-home waiver services; and (c) an individual or entity certified, licensed, or otherwise approved by the division.

Examples of activities of the Bureau are as follows: (1) develop, revise, and monitor Provider and Case Management Standards for Supported Living Services; (2) complete Provider and Case Management Standard Surveys of service provider agencies and monitor the resolution of concerns found during the surveys; and (3) manage the DDARS incident reporting process and expand the process to include all services under DDARS.

Service Providers/Agencies:

Client Intake:

Program Clients -
Target Population: Ultimately, individuals with developmental disabilities, physical disabilities, and the elderly.

Eligibility Requirements:

No. of Clients Served (Snapshot: June 30, 2003):
No. of Clients Served in FY 2003 (Unduplicated for year):

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	115,803	17,370	98,433		
2002	164,291	24,643	139,648		
2003	324,070	48,610	275,460		
2004 ^	501,874	75,281	426,593		
2005 ^	501,874	75,281	426,593		

^ Appropriation.
* (Source of Federal funds) Title XIX Medicaid program
** (Name of Dedicated fund)
*** (Name of Local fund)

Funding Details: Specific activities performed within the Bureau qualify for federal financial participation under the Medicaid program. The match rate of 50% is applied to the time spent on qualified activities.

Program Name: Community and Home Options to Institutional Care for the Elderly and Disabled (CHOICE)

Indiana Code Cite: IC 12-10
Administrative Code: 460 IAC 1-4-1
Account Number: 1000/121490

Administrative Division: Division of Disability, Aging, and Rehabilitative Services
Advisory Board/Commission: CHOICE Board (IC 12-10-11)

Program Description -
Purpose: The CHOICE Program is for the purpose of providing community- and home-based services to aged or disabled individuals who are at risk of institutionalization.

Federal History/Requirements: NA

State History/Requirements: The CHOICE Program was established by HEA 1094 (1987) and implemented in 1988 as a pilot program in three counties with subsequent expansion to 9 counties. The program was taken to 20 counties in 1990 followed by statewide implementation in 1992.

Program Services: Adult day care services, attendant care services, case management, home-delivered meals, home health services and supplies, homemaker services, minor home modifications, adaptive aids and devices, respite care services, and transportation.

Service Providers/Agencies: Local service providers contracted by Area Agencies on Aging.

Client Intake: Area Agencies on Aging.

Program Clients -
Target Population: Aged individuals or individuals with a disability due to a mental or physical impairment that is expected to last indefinitely and who are at risk of losing their independence.

Eligibility Requirements: Individuals must be residents of Indiana, either 60 years of age or older or disabled of any age, and unable to perform two or more activities of daily living (ADLs) as determined using the Long-Term Care Services Eligibility Screen. Cost-sharing on a sliding scale is required of individuals with incomes between 150% and 350% of the federal poverty level. No cost-sharing is required for individuals below 150%, and all costs are to be paid by individuals with incomes greater than 350% of FPL.

No. of Clients Served (Snapshot: June 30, 2003): 11,272
No. of Clients Served in FY 2003 (Unduplicated for year): 11,272

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	40,635,641		40,635,641		
2002	45,971,600		45,971,600		
2003	43,612,277		43,612,277		
2004 ^	48,673,544		48,673,544		
2005 ^	46,673,544		46,673,544		

^ Appropriation.
* (Source of Federal funds)
** (Name of Dedicated fund)
*** (Name of Local fund)

Funding Details: Funding is 100% state dollars and subject to state General Fund appropriation.

Program Name: Community Residential Facilities Council

Indiana Code Cite: IC 12-28-5
Administrative Code Cite: 431 IAC 1.1; 431 IAC 3.1; 431 IAC 4.1; 431 IAC 7
Account Number: 1000/124050

Administrative Division: Division of Disability, Aging, and Rehabilitative Services
Advisory Board/Commission: Community Residential Facilities Council (IC 12-28-5)

Program Description -
Purpose: Regulation and licensing of group living homes and supported living providers for individuals with developmental disabilities.

Federal History/Requirements: NA

State History/Requirements:

Program Services: Program certification, group home licensure, and regulatory activities.

The Community Residential Facilities Council (CRFC) licenses supervised group living homes and supported living providers for individuals with developmental disabilities. Both the State Department of Health (physical structure) and the Bureau of Developmental Disabilities Services (services provided) initially inspect the facilities under the standards established by the Bureau of Quality Improvement Services. This information is then submitted to the CRFC who then reviews the information and either approves or disapproves a license for the facility.

By statute, the CRFC, in conjunction with DDARS, does the following: (1) determines the current and projected needs of each geographic area of Indiana for residential services for developmentally disabled individuals; (2) determines how the provision of developmental or vocational services for residents in these geographic areas affects the availability of developmental or vocational services to developmentally disabled individuals living in their own homes; (3) develops standards for licensure of supervised group living facilities regarding the following: (A) a sanitary and safe environment for residents and employees, (B) classification of supervised group living facilities, and (C) any other matters that ensure that the residents receive a residential environment; (4) develops standards for the approval of entities providing supported living services; (5) recommends social and habilitation programs to the Indiana Health Facilities Council for developmentally disabled individuals who reside in licensed health facilities; and (6) develops and updates semiannually a report that identifies the numbers of developmentally disabled individuals who live in licensed health facilities.

Service Providers/Agencies: Regulatory activities are performed by the Indiana State Department of Health, as well as DDARS (i.e., the Bureau of Developmental Disabilities Services, the Bureau of Quality Improvement Services, and the Community Residential Facilities Council). The CRFC also operates in conjunction with OMPP where the license is required for Medicaid reimbursement.

Client Intake: NA

Program Clients -
Target Population: Ultimately, individuals with developmental disabilities.

Eligibility Requirements: NA

No. of Clients Served (Snapshot: June 30, 2003): 3,502 facilities
No. of Clients Served in FY 2003 (Unduplicated for year): 3,502 facilities

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	3,850		3,850		
2002	7,000		7,000		
2003	7,966		7,966		
2004 ^	16,200		16,200		
2005 ^	16,200		16,200		

^ Appropriation.
* (Source of Federal funds)
** (Name of Dedicated fund)
*** (Name of Local fund)

Funding Details:

Program Name: Deaf and Hard of Hearing Services

Indiana Code Cite: IC 12-12-7
Administrative Code Cite: 460 IAC 2-2-1
Account Number: 1000/122870

Administrative Division: Division of Disability, Aging, and Rehabilitative Services
Advisory Board/Commission: Board of Interpreter Standards (12-12-7-5); Deaf and Hard of Hearing Services Advisory Committee (No statutory requirement).

Program Description -
Purpose: To (1) refer deaf individuals and individuals who are hard of hearing to the appropriate agencies and (2) coordinate state, local, and private efforts to serve deaf and hard of hearing individuals.

Federal History/Requirements: The 1990 Americans with Disabilities Act requires all state and local governments to provide communication access for individuals who are deaf or hard of hearing.

State History/Requirements: Legislation was passed by the state in 1989 to create the program. At that time, the program was not federally mandated.

Program Services: Program services include (1) provision of sign language interpreters for most consumers of FSSA services, for the Governor's office, for the Legislature, and for the Bureau of Motor Vehicles and other state agencies when possible. Direct services are provided by eight contracted agencies throughout the state and one centrally located staff interpreter position; (2) standards and a certification system for sign language interpreters; (3) linkage with other programs to ensure services are accessible for deaf and hard of hearing Hoosiers; (4) accessibility advocacy services; (5) coordination of information and referral services; (6) support for statewide efforts to preserve deaf heritage; and (7) monitor statewide telecommunications relay services and equipment distribution programs as a member of the board of directors of InTRAC (Indiana Telecommunications Relay Access Corporation).

Service Providers/Agencies: Community Agencies for the Deaf (there are currently eight in the state); state Office of Deaf and Hard of Hearing Services.

Client Intake: Community Agencies for the Deaf.

Program Clients -
Target Population: Deaf and hard of hearing individuals.

Eligibility Requirements: Individuals must be deaf or hard of hearing.

No. of Clients Served (Snapshot: June 30, 2003):
No. of Clients Served in FY 2003 (Unduplicated for year): 3,145

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	420,630		420,630		
2002	398,609		398,609		
2003	376,481		378,481		
2004 ^	497,721		497,721		
2005 ^	497,721		497,721		

^ Appropriation.
* (Source of Federal funds)
** (Name of Dedicated fund)
*** (Name of Local fund)

Funding Details: Entirely state-funded.

Program Name: Diagnosis and Evaluation

Indiana Code Cite:
Administrative Code Cite:
Account Number: 1000/104140

Administrative Division: Division of Disability, Aging, and Rehabilitative Services
Advisory Board/Commission: DDARS Advisory Council (IC 12-9-4)

Program Description -
Purpose: To provide diagnostic and evaluation services to individuals with developmental disabilities in order to determine eligibility for services and to identify specific health, safety, and training needs.

Federal History/Requirements:

State History/Requirements: The same group of providers and the same methodology are used for these assessments as for the Pre-Admission Screening Annual Resident Review (PASARR) for nursing home admissions of the developmentally disabled.

Program Services: The diagnostic and evaluation (D&E) teams are contracted to provide recommendations regarding an individual's developmental disability status and needed services. The recommendations are provided to the state-employed service coordinators who are responsible for the final eligibility determinations for individuals who are not eligible for Medicaid. Services outside of the evaluation and assessment are not provided through this program.

Service Providers/Agencies: There are six contracted D&E providers statewide. Professional services utilized within the D&E process may include psychologists, social workers, nurses, developmental assessors, occupational therapists, physical therapists, and speech therapists.

Client Intake: Generally, individuals enter the system when they request services for the developmentally disabled. This action triggers the diagnosis and evaluation process that is conducted by one of the 8 district offices of the Bureau of Developmental Disabilities Services (BDDS).

Program Clients: -
Target Population: Individuals who are developmentally disabled.

Eligibility Requirements: Applicants for services for the developmentally disabled and the diagnosed developmentally disabled who may have experienced a substantial change in condition. Diagnosis and evaluation may be for children as well as adults. Individuals must meet the requirements in the Bureau's assessment recommendations in order for the Services Coordinator to make a developmentally disabled eligibility determination.

No. of Clients Served (Snapshot: June 30, 2003):
No. of Clients Served in FY 2003 (Unduplicated for year): 950

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	1,056,339		1,056,339		
2002	727,854		727,854		
2003	815,655		815,655		
2004 ^	930,788		930,788		
2005 ^	930,788		930,788		

^ Appropriation.
* (Source of Federal funds)
** (Name of Dedicated fund)
*** (Name of Local fund)

Funding Details: 100% state funding for individuals that are determined to not meet the assessment thresholds or who do not qualify for Medicaid.

Program Name: Elderly & Blind Independent Living Program

Indiana Code Cite: IC 12-12
Administrative Code Cite:
Account Number: 6000/143200

Administrative Division: Division of Disability, Aging, and Rehabilitative Services
Advisory Board/Commission: DDARS Advisory Council (IC 12-9-4)

Program Description -
Purpose: The purpose of the program is to provide independent living services to consumers who are 55 years of age or older and blind or visually impaired.

Federal History/Requirements: Statutory authority for this program can be found in Title VII, Chapter 2, of the federal Rehabilitation Act.

State History/Requirements:

Program Services: Consumers receive services to assist them in adjusting to their visual impairments and to learn to live more independently or maintain independence in their employment, homes, and communities. These may include training in skills of routine daily living, travel, communication, provision of adaptive devices, low-vision services, family and peer counseling, peer support groups, outreach programs, and information and referral. Transportation is provided in some cases.

Service Providers/Agencies: Independent living centers (there are currently nine independent living centers in the state with a tenth in the process of being established).

Client Intake: Independent living centers.

Program Clients -
Target Population: Certain blind or visually impaired individuals.

Eligibility Requirements: Individuals must be blind or visually impaired and 55 years of age or older.

No. of Clients Served (Snapshot: June 30, 2003): 450
No. of Clients Served in FY 2003 (Unduplicated for year): 450

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	201,207	201,142	65		
2002	308,206	306,704	1,502		
2003	659,045	555,392	103,653		
2004 ^	511,708	460,537	51,171		
2005 ^	511,708	460,537	51,171		

^ Appropriation.
* (Source of Federal funds) Independent Living - Older Blind (DOE)
** (Name of Dedicated fund)
*** (Name of Local fund)

Funding Details: Funding for the program is 90% federal with a 10% state match.

Program Name: Epilepsy Program

Indiana Code Cite: IC 12-9-5-3
Administrative Code Cite:
Account Number: 1000/124110

Administrative Division: Division of Disability, Aging, and Rehabilitative Services
Advisory Board/Commission: DDARS Advisory Council (IC 12-9-4)

Program Description -
Purpose: To provide services for individuals with epilepsy and to create a venue through which interested individuals can obtain information about epilepsy.

Federal History/Requirements: NA

State History/Requirements: The program began receiving state funding in the early 1980s.

Program Services: The program provides information, training, referral, and advocacy services to persons with epilepsy and other seizure disorders, and to families, advocates and friends, caregivers, and public agencies through (1) support groups, (2) in-service training sessions, (3) telephone referrals and resource management, (4) individual resource referrals, (5) advocacy referrals for employment, school, and other problems, (6) newsletter communication on a monthly basis from each district, and (7) toll-free telephone services within each district. The program also provides resources to the Indiana University Department of Neurology Epilepsy Clinic for partial funding of two epilepsy fellows, a social worker, and a nurse. Services include case management and medical services.

Service Providers/Agencies: Indiana University Department of Neurology Epilepsy Clinic; Eight part-time employees are located in various venues (for example, hospitals) across the state.

Client Intake: University of Indiana Department of Neurology Epilepsy Clinic.

Program Clients -
Target Population: Individuals with epilepsy.

Eligibility Requirements: Individuals must have epilepsy.

No. of Clients Served (Snapshot: June 30, 2003):
No. of Clients Served in FY 2003 (Unduplicated for year):

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	438,277		438,227		
2002	448,618		448,618		
2003	523,315		523,315		
2004 ^	460,954		460,954		
2005 ^	460,954		460,954		

^ Appropriation.
* (Source of Federal funds)
** (Name of Dedicated fund)
*** (Name of Local fund)

Funding Details:

Program Name: Family Subsidy Program

Indiana Code Cite:
Administrative Code Cite:
Account Number: 1000/124190

Administrative Division: Division of Disability, Aging, and Rehabilitative Services
Advisory Board/Commission: DDARS Advisory Council (IC 12-9-4)

Program Description -
Purpose: To provide assistance to families to maintain a family member with a developmental disability at home.

Federal History/Requirements: NA

State History/Requirements: The Family Subsidy Program was established in 1980. The program previously provided multiple services. Currently, it is limited to respite care.

Program Services: The program provides time-limited support, consisting of respite care, to individuals and/or their families to fill gaps in services in order to support individuals outside of institutional settings. Families are eligible for up to $2000 of respite services per child annually.

Service Providers/Agencies: Respite care service providers that have contracted with DDARS. There are currently 21 in the state.

Client Intake: Bureau of Developmental Disabilities Services (BDDS) Service Coordinators.

Program Clients -
Target Population: The program serves the families of individuals with mental retardation, epilepsy, cerebral palsy, autism, and other developmental disabilities, as well as mental illness.

Eligibility Requirements: Individuals must reside with a family member who is deemed eligible for developmental disability services. There are no financial criteria.

No. of Clients Served (Snapshot: June 30, 2003):
No. of Clients Served in FY 2003 (Unduplicated for year):

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	476,122		476,122		
2002	896,782		896,782		
2003	690,242		690,242		
2004 ^	1,004,700		1,004,700		
2005 ^	1,004,700		1,004,700		

^ Appropriation.
* (Source of Federal funds)
** (Name of Dedicated fund)
*** (Name of Local fund)

Funding Details: Entirely state-funded.

Program Name: Local Projects

Indiana Code Cite: IC 12-9-5-1
Administrative Code Cite:
Account Number: 6000/172400

Administrative Division: Division of Disability, Aging, and Rehabilitative Services
Advisory Board/Commission: DDARS Advisory Council (IC 12-9-4)

Program Description -
Purpose: To create integrated community, competitive employment for persons with disabilities.

Federal History/Requirements: Congress first enacted federal legislation to provide vocational rehabilitation services to persons with disabilities in 1920. The current federal statute is the Rehabilitation Act of 1973. Under the authority of the 1992 amendments of the Rehabilitation Act, states may use available federal Section 110 funding for establishment and/or expansion grants. The grant projects may include job development, job placement, and transition services.

State History/Requirements: In the past, DDARS has administered up to 60 local project grants each year. Currently, only two grants are being administered. This is a result of funding being redirected from grant money to providing direct services for clients.

Program Services: The grant projects are awarded to private, nonprofit community rehabilitation programs that are interested in establishing or expanding programs to meet the needs of vocational rehabilitation clients.

Service Providers/Agencies: Private, nonprofit community rehabilitation programs.

Client Intake: NA

Program Clients -
Target Population: Individuals with disabilities.

Eligibility Requirements:

No. of Clients Served (Snapshot: June 30, 2003):
No. of Clients Served in FY 2003 (Unduplicated for year):

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	1,928,624	1,619,135	190,914		118,575
2002	1,300,837	1,115,202	135,388		50,247
2003	1,037,570	838,820	129,380		69,340
2004 ^	1,256,799	989,100	132,492		135,207
2005 ^	1,256,799	989,100	132,492		135,207

^ Appropriation.
* (Source of Federal funds)
** (Name of Dedicated fund)
*** (Name of Local fund) Private, nonprofit programs; schools; mental health centers.

Funding Details: Funding is provided through a federal match ratio of 78.7% and a state or local match of 21.3%. State General Funds are transferred from DMHA (Seriously Mentally Ill Fund/Center 3280/141000). The local match is supplied by participating schools and mental health centers.

Program Name: Long-Term Care Ombudsman Program

Indiana Code Cite: IC 12-10-13
Administrative Code Cite: 460 IAC 1-7
Account Number: 6000/182000

Administrative Division: Division of Disability, Aging, and Rehabilitative Services
Advisory Board/Commission: DDARS Advisory Council (IC 12-9-4)

Program Description -
Purpose: To provide advocacy services to consumers of long-term care services.

Federal History/Requirements: Increasing and widespread public concern about the quality of care in nursing homes and a Presidential initiative prompted the Department of Health, Education, and Welfare to award five contracts for ombudsman demonstration programs in 1972. By 1978 the federal Older Americans Act required all states to establish such a program. Currently, the Administration on Aging, U.S. Department of Health and Human Services, is responsible for the national program.

State History/Requirements: Each state has a Long-Term Care Ombudsman Program operated through, or by, the state's agency on aging. Thus, there are some differences in the program between the states. Currently, all 50 states, the District of Columbia, Puerto Rico, and Guam have an office of the Long-Term Care Ombudsman.

Program Services: The ombudsman (1) receives, investigates, and attempts to resolve problems or complaints affecting residents of long-term care facilities; (2) answers questions and provides information and referral about long-term care and related services; (3) promotes resident, family, and community involvement in long-term care; (4) promotes community education and awareness of the needs of residents; (5) coordinates efforts with other agencies and organizations concerned with long-term care; and (6) identifies issues and problem areas in long-term care and recommends needed changes. Nursing homes, assisted living facilities, and board and care homes are visited by long-term care ombudsmen.

Service Providers/Agencies: In addition to the state ombudsman office, there are 16 local area ombudsman offices located throughout the state.

Client Intake: State and local ombudsman offices.

Program Clients -
Target Population: Individuals who reside in long-term care facilities and those seeking information regarding long-term care facilities.

Eligibility Requirements: Individuals must reside in an Indiana long-term care facility.

No. of Clients Served (Snapshot: June 30, 2003): Approximately 143* (complaint/individual consultations only)

* The precise number of clients who are served indirectly through consultation with facilities and outreach/educational activities, etc., is unknown. Normally, the federal Older Americans Act, through which

this program is funded, serves only persons 60 years of age and older. The federal overseers, however, allow any individual in a nursing home, regardless of age, to be served by the Ombudsman Program. When a problem is resolved for one person in the facility, it is often resolved for any other resident with that problem in that facility.

No. of Clients Served in FY 2003 (Unduplicated for year): 724 complaints investigated; 51 volunteers trained; 74 sessions of group community education (churches, schools/universities, conferences, etc.); 143 sessions of nursing home staff in-service training; 4,760 consultation (information/technical assistance to facility staff regarding resident issues, usually by phone); 3,228 information and consultations to individuals, usually by phone; 473 outreach visits to facilities, not associated with complaints; 110 participated in or provided information to Indiana State Department of Health surveys; 71 assisted family and resident councils.

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	148,580	126,293	22,287		
2002	169,549	13,866	30,880		
2003	622,197	13,241	489,783		
2004 ^	661,105	374,607	306,498		
2005 ^	661,105	374,607	306,498		

^ Appropriation.
* (Source of Federal funds) Title III and Title VII federal grants
** (Name of Dedicated fund)
*** (Name of Local fund)

Funding Details:

Program Name: MR/DD Case Management

Indiana Code Cite: IC 12-11-2.1
Administrative Code Cite:
Account Number: 3720/172700

Administrative Division: Division of Disability, Aging, and Rehabilitative Services
Advisory Board/Commission: DDARS Advisory Council (IC 12-9-4)

Program Description -
Purpose: To assure that individuals with developmental disabilities are identified, placed in an appropriate, least restrictive environment, and receive services that are appropriate to their individual needs and choices.

Federal History/Requirements: NA

State History/Requirements: The program was created and put into statute in 1999.

Program Services: Intake, assessment, service planning and coordination, placement, follow-along, technical assistance, and crisis intervention.

Service Providers/Agencies: Bureau of Developmental Disabilities Services field offices.

Client Intake: Bureau of Developmental Disabilities Services field offices.

Program Clients -
Target Population: Individuals with developmental disabilities.

Eligibility Requirements: Individual must be deemed developmentally disabled.

No. of Clients Served (Snapshot: June 30, 2003): 6,979
No. of Clients Served in FY 2003 (Unduplicated for year): 9,202

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	4,795,989	1,268,698	3,527,291	0	
2002	6,339,294	544,337	3,794,957	2,000,000	
2003	6,402,690	1,152,694	3,249,996	2,000,000	
2004 ^	6,292,610	1,026,454	3,266,156	2,000,000	
2005 ^	6,292,610	1,026,454	3,266,156	2,000,000	

^ Appropriation.
* (Source of Federal funds) Title XIX
** (Name of Dedicated fund) Tobacco Master Settlement Agreement Fund (IC 4-12-1-14.3)
*** (Name of Local fund)

Funding Details: Eligible program services are billed to the Medicaid Program. Matching rates are determined by the classification of the service provided: administrative services are reimbursed at 50%, while for direct services, the federal share is approximately 62% and the state share is approximately 38%.

Program Name: Nutrition Service Incentive Program (USDA Meals Reimbursement)

Indiana Code Cite: IC 12-10-1-3
Administrative Code Cite:
Account Number: 6000/149300

Administrative Division: Division of Disability, Aging, and Rehabilitative Services
Advisory Board/Commission: DDARS Advisory Council (IC 12-9-4)

Program Description -
Purpose: To provide meals for elderly persons to assure a nutritionally balanced diet and to provide an opportunity for socialization.

Federal History/Requirements: The Older Americans Act Nutrition Program began in 1968 as a 3-year demonstration project and was officially established in 1972 when Congress enacted the National Nutrition Program for the Elderly as Title VII of the Older Americans Act. In 1978, it was consolidated under Title III to include Congregate Nutrition Services and Home-Delivered Nutrition Services.

State History/Requirements:

Program Services: The Nutrition Services Incentive Program provides congregate and home-delivered meals, nutrition screening, education and counseling, and an array of other supportive and health services.

The program provides hot, nutritionally balanced lunches five days a week at congregate meal sites throughout Indiana. Older citizens come to community centers, senior centers, and churches where there is an opportunity for socialization and personal interaction as well as a hot meal. For those older individuals who are confined to their homes and unable to attend congregate meal sites, a service is provided for home-delivered meals, frequently called "meals on wheels. A cash subsidy is provided to providers based on the number of congregate and home-delivered meals served.

Service Providers/Agencies: Area Agencies on Aging

Client Intake: Area Agencies on Aging

Program Clients -
Target Population: Elderly individuals.

Eligibility Requirements: Individuals must be age 60 or above with a targeted emphasis on those in greatest economic and social need. Specific attention is directed to low-income minority and rural individuals. There is no income eligibility requirement. To receive home-delivered meals, an individual must be determined as being homebound or otherwise isolated. Because the Older Americans Act services are not means-tested, the nutrition program is a primary source of support for many older adults who may be slightly over the poverty line and would not receive services under other income-based programs. Participants are asked to contribute what they are able towards the cost of meals provided.

No. of Clients Served (Snapshot: June 30, 2003):
No. of Clients Served in FY 2003 (Unduplicated for year):

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	1,583,171	1,583,171			
2002	1,726,351	1,726,351			
2003	1,866,442	1,866,442			
2004 ^	2,067,862	2,067,862			
2005 ^	2,067,862	2,067,862			

^ Appropriation.
* (Source of Federal funds) Title III of Older Americans Act
** (Name of Dedicated fund)
*** (Name of Local fund)

Funding Details: The program is 100% federally funded. The federal funds subsidize the cost of the meals. local providers and volunteer contributions as well as donations collected for meals provide a substantial portion of the total cost of the program.

Program Name: Older Hoosiers Act

Indiana Code Cite: IC 12-9-5-1
Administrative Code Cite:
Account Number: 1000/104950

Administrative Division: Division of Disability, Aging, and Rehabilitative Services
Advisory Board/Commission: Commission on Aging (IC 12-10-2)

Program Description -
Purpose: To provide state matching funds for the Area Agencies on Aging (AAA) programs conducted under the federal Older Americans Act (OAA).

Federal History/Requirements: The Older Americans Act was enacted in 1965 to promote the well-being of older persons and help them remain independent in their communities. As amended in 2000, the OAA distributes federal funds to states, which in turn establish centers for information about services available to older persons. Title III of the OAA provides funds to help states organize and pay for nutrition services and a broad range of social services. All persons age 60 and older are eligible to receive services, but states are required to target assistance to persons with the "greatest social or economic need. Federal funds are distributed to the states using a formula based on the state's share of the U.S. population age 60 and over.

State History/Requirements: The Older Hoosiers Account provides matching state funds for the administration of federal programs under the Older Americans Act.

Program Services: The Bureau of Aging Services within DDARS contracts with 16 Area Agencies on Aging for the provision of aging services. AAAs are required to determine the needs and resources available to the aged in the locality; coordinate in cooperation with other providers all programs and activities providing health, recreational, educational, or social services to the aged; develop an area plan for the service areas; and advocate on behalf of the elderly in their planning and service areas. AAAs provide services based on local priorities so no two agencies provide the same number or level of services. The AAAs do administer major programs, including the CHOICE program, congregate and home-delivered meals, the Caregiver's Support Program, transportation programs, the Indiana Pre-Admission Screening program and the federal PASRR program, and Title V Senior Employment, as well as other activities.

Service Providers/Agencies: Area Agencies on Aging and various subcontracted service providers depending upon the local circumstances and individual programs administered.

Client Intake: 16 Area Agencies on Aging located throughout the state.

Program Clients -
Target Population: All persons age 60 and older. The Title V Senior Employment Program is the exception, requiring that participants be age 55 and older.

Eligibility Requirements: Eligibility requirements vary based on the federal or state program-specific rules.

No. of Clients Served (Snapshot: June 30, 2003):
No. of Clients Served in FY 2003 (Unduplicated for year): 122,366 (Titles III/V)

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	1,744,849		1,744,849		
2002	1,774,995		1,774,995		
2003	1,981,511		1,981,511		
2004 ^	1,899,147		1,899,147		
2005 ^	1,899,147		1,899,147		

^ Appropriation.
* (Source of Federal funds)
** (Name of Dedicated fund)
*** (Name of Local fund)

Funding Details: Funding for Area Agencies on Aging comes from the federal and state governments. Approximately 25% of the budget is federally funded. Additionally, the AAAs receive local dollars, which may be represented by the provision of in-kind services. Only the state contribution is provided in the table, above.

Program Name: Olmstead Grants

Indiana Code Cite:
Administrative Code Cite:
Account Number: 6000/163800

Administrative Division: Division of Disability, Aging, and Rehabilitative Services
Advisory Board/Commission: DDARS Advisory Council (IC 12-9-4)

Program Description -
Purpose: The purpose of this account is to oversee four different federal grants.

Federal History/Requirements: The federal grants are the (1) Real Systems Change Grant; (2) Community-Integrated Personal Assistance Service Grant; (3) Nursing Facility Transition State Program Grant; and (4) Quality Assurance and Quality Improvement in Home- and Community-Based Services Grant.

State History/Requirements:

Program Services: Real Systems Change Grant: The purpose of this grant is to establish a commission that will provide a constant forum for interaction with consumers of long-term care services and their advocates; identify best practices and barriers to community integration and consumer control; provide oversight and monitoring; assist in the implementation of a series of mini-grants to local communities; and make further recommendations for policy and funding actions.

Community-Integrated Personal Assistance Service Grant: The purpose of this grant is to provide outreach and information about consumer-directed care services; develop a consumer-directed personal assistance services model and the supporting infrastructure; establish a fiscal intermediary structure for the attendant care workers; provide enhanced training; develop quality assurance; conflict resolution; emergency assistance protocols; and develop a system for outcomes-based reporting.

Nursing Facility Transition State Program Grant: The purpose of this grant is to develop models for diversion from and transition of nursing home residents back into the community; provide training, education, and outreach; collaborate with nursing home associations, housing partners, assisted living facilities, and community stakeholders; develop a team to design and facilitate the transition process; identify and select candidates to be transitioned or diverted; and evaluate and prepare reports.

The Bureau of Aging and In-Home Services (BAIHS) is responsible for overseeing the implementation of these three grants.

Quality Assurance and Quality Improvement in Home- and Community-Based Services Grant: With this grant Indiana is developing and implementing quality assurance and quality improvement systems for the waivers administered by the Bureau of Aging and In-Home Services. This includes (1) the full promulgation of standards for providers of services; (2) establishment of a complaint process; (3) establishment of a process for the reporting and follow-up of any significant issues associated with the health and safety of individuals receiving waiver services; and (4) development of a process to conduct surveys of agencies for their compliance relating to the standards developed under the rule.

The Bureau of Quality Improvement Services is responsible for the implementation of these initiatives.

Service Providers/Agencies: NA

Client Intake: NA

Program Clients -
Target Population: NA

Eligibility Requirements: NA

No. of Clients Served (Snapshot: June 30, 2003):
No. of Clients Served in FY 2003 (Unduplicated for year):

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	0	0			
2002	25,500	25,500			
2003	502,354	502,354			
2004 ^	484,753	484,753			
2005 ^	500,000	500,000			

^ Appropriation.
* (Source of Federal funds) Quality Assurance, Real Choice, CPASS, Nursing Facility
** (Name of Dedicated fund)
*** (Name of Local fund)

Funding Details: Entirely federally funded.

Program Name: Pre-Admission Screening for Nursing Facility Admissions (IPAS and OBRA/PASRR)
Indiana Pre-Admission Screening (IPAS) and Pre-Admission Screening Resident Review (OBRA/PASRR)

Indiana Code Cite: IC 12-10-12
Administrative Code Cite: 460 IAC 1-1
Account Number: 6000/155500 et.al.

Administrative Division: Division of Disability, Aging, and Rehabilitative Services
Advisory Board/Commission: DDARS Advisory Council (12-9-4)

Program Description -
Purpose: The purpose of the pre-admission screening programs is to ensure that applicants to, and residents of, nursing facilities are properly placed so that their physical and mental health needs are met appropriately, either within a nursing facility or in a community-based setting.

Federal History/Requirements: During the 1960s and 1970s, states dramatically reduced the inpatient populations of state-operated psychiatric institutions. Many older residents were moved from state facilities and placed in nursing homes, primarily for fiscal reasons since Medicaid would cover the cost of the nursing facility. In response, Congress enacted the Pre-Admission Screening Annual Resident Review program (PASARR) within the Omnibus Budget Reconciliation Act of 1987, Title 19. PASARR was designed to prevent the inappropriate placement of people with psychiatric and developmental disabilities in nursing facilities where they would not receive necessary active treatment services. Additionally, the Act encouraged placement of certain individuals in less restrictive settings as appropriate. The PASARR screening is a mandatory component of the Medicaid program. Subsequent amendments to federal statutes removed the required annual assessment, allowing for a more flexible standard of assessments upon substantial changes in the resident's condition.

State History/Requirements: Indiana's Pre-Admission Screening program was enacted in P.L. 21-1982. The pre-admission screening process in Indiana operates in two stages. The Indiana PreAdmission Screening (IPAS) is the state's initial screening program intended to prevent premature or unnecessary placement in nursing facilities of all individuals whose long-term care needs do not require a nursing facility level of care or whose needs could be appropriately met with in-home and community-based services. If the applicant is found to not require the nursing facility level of care, or refuses the screening process and chooses to be admitted to a facility, Indiana Medicaid per diem reimbursement may be withheld for up to one year.

PASARR is the federally required second-stage component that assesses the more complex needs of persons who have been identified as having a major mental illness or developmental disability with or without accompanying medical conditions. Under the PASARR level of assessment (the Resident Review), patient needs are required to be assessed upon application to a facility and upon subsequent substantial changes in a resident's condition to ensure the patient is receiving appropriate active treatment and nursing care.

Program Services: A multi-disciplinary screening team consisting of not less than three and no more than five members is appointed within the area in which the applicant lives. The team includes the following: the individual's physician; an individual familiar with personal care assessment who represents the local Area Agency on Aging; and an individual familiar with the needs of persons seeking admission to a health care facility, such as public health nurses, mental health professionals, persons knowledgeable about home health services, or hospital discharge planners. For cases involving developmentally disabled or mentally ill clients, a representative of DDARS or DMHA who is familiar with the assessment needs of the developmentally

disabled or mentally ill is also appointed to the screening team.

The screening team conducts an assessment of the individual to determine the person's medical needs, active treatment needs, the availability of home- and community-based services that are appropriate for the individual's needs, and the cost effectiveness of home- and community-based services necessary to prevent the institutionalization of the individual. Individuals who are institutionalized due to assessed needs are required to have a plan of treatment. This plan is subject to review and subsequent revision any time the patient experiences substantial changes in condition.

Service Providers/Agencies: Area Agencies on Aging (AAAs) provide the administrative structure for the screening process and provide the case manager for the screening process. The mental health and developmental disability assessment expertise is provided by the respective divisions, DMHA and DDARS, under contract.

Client Intake: Clients enter the system when they apply for admission to a nursing facility. Hospital discharge planners are a frequent source of referrals. Patients may be assessed after admission in the case of urgent admissions, or upon the request of family members.

Program Clients -
Target Population: Individuals at risk of nursing facility admission or placement; Individuals who are developmentally disabled or with a mental illness who may also have medical conditions requiring a nursing facility level of care.

Eligibility Requirements: All individuals, either upon application to a nursing facility or after a significant change in condition subsequent to entrance into a nursing facility.

No. of Clients Served (Snapshot: June 30, 2003): 231
No. of Clients Served in FY 2003 (Unduplicated for year): 40,227

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	265,610	199,208	66,402		
2002	500,804	435,421	65,383		
2003	226,466	171,121	55,345		
2004 ^	183,989	126,953	57,036		
2005 ^	183,989	126,953	57,036		

^ Appropriation.
* (Source of Federal funds) Title XIX Medicaid program
** (Name of Dedicated fund)
*** (Name of Local fund)

Funding Details: Contractual payments to the Area Agencies on Aging are based on the intake applications and the level of assessment that may be required for the individual. Persons subsequently found to be eligible for Medicaid may have these services reimbursed through the Medicaid Program. Due to the mix of payments, federal reimbursement for the intake and assessments for pre-admission screening vary by the patient's eligibility status. The Medicaid matching rate for pre-admission screening activities is 75% federal and 25% state.

Program Name: Randolph-Sheppard Blind Vending Program

Indiana Code Cite: IC 12-12-5
Administrative Code Cite: 460 IAC 2-1
Account Number: 6140/182500

Administrative Division: Division of Disability, Aging, and Rehabilitative Services
Advisory Board/Commission: Elected Committee of Blind Vendors (20 U.S.C. 107)

Program Description -
Purpose: To provide employment opportunities through the Business Enterprise Program on federal, state, municipal, and private property for individuals who are legally blind.

Federal History/Requirements: Congress enacted the Randolph-Sheppard Vending Stand Act in 1936 to provide employment opportunities on federal properties for individuals who are legally blind. Currently, the federal mandate for this program can be found in the federal Surface Transportation Assistance Act of 1982. The Act expanded the opportunities to state, municipal, and private properties.

State History/Requirements: The Indiana General Assembly enacted IC 12-12-5-1 and revised the law in 1992. The state promulgated administrative rules in 1987. The in-state Vending Training Program, in conjunction with IVY Tech, began in 1990.

Program Services: Business counselors and vocational rehabilitation counselors work together to provide support services for individuals interested in opening and maintaining blind vending sights. Business counselors provide guidance and technical assistance for the individual in preparing for opening of and maintenance of the vending sites, while vocational rehabilitation counselors provide guidance and financial support for needed items. Blind vendors receive initial training at Ivy Tech State College in Indianapolis.

Service Providers/Agencies: Business Enterprise Program; Vocational Rehabilitation offices.

Client Intake: Local Vocational Rehabilitation offices.

Program Clients -
Target Population: Individuals who are blind.

Eligibility Requirements: The Blind Vending Program serves individuals who are (1) legally blind, (2) at least 18 years old, (3) United States citizens, (4) clients of Vocational Rehabilitation Services, (5) recommended for the Vending Program by Vocational Rehabilitation Services, (6) able to adequately move around a facility, (7) able to communicate adequately with the public and potential employees, (8) able to maintain required records and reports, (9) keep required records and make change, and (10) able to meet personal care and facility housekeeping needs.

No. of Clients Served (Snapshot: June 30, 2003): 85
No. of Clients Served in FY 2003 (Unduplicated for year): 85

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	2,766,048	683,043	75,946	2,007,059	
2002	2,015,835	701,213	100,526	1,214,096	
2003	3,085,476	746,406	217,646	2,121,423	
2004 ^	1,289,849	1,014,934	130,137	144,778	
2005 ^	1,289,849	1,014,934	130,137	144,778	

^ Appropriation.
* (Source of Federal funds) Vocational Rehabilitation grant
** (Name of Dedicated fund) Program income
*** (Name of Local fund)

Funding Details: Vocational Rehabilitation expenditures are 78.7% federal and 21.3% state funds. Some expenses are paid from program income.

Program Name: Residential Care Assistance Program (RCAP)

Indiana Code Cite: IC 12-10-6
Administrative Code Cite: 460 IAC 5-1-13
Account Number: 1000/105120

Administrative Division: Division of Disability, Aging, and Rehabilitative Services
Advisory Board/Commission: DDARS Advisory Council (IC 12-9-4)

Program Description -
Purpose: To provide financial assistance for low-income individuals who are living in approved, licensed residential care facilities or in county homes.

Federal History/Requirements: Federal Medicaid rules generally prohibit residents of government-owned residential facilities from receiving Medicaid eligibility and services. Therefore, ARCH participants are not eligible for medical services paid by the shared federal/state Medicaid Program. These individuals are provided medical services equivalent to those provided through the Medicaid Program, however, the services are paid with 100% state funding. Although there is no statutory authority for the state medical assistance, it has been provided from the time the federal rules were interpreted to exclude this group. RBA participants, on the other hand, are eligible for the Medicaid Program.

State History/Requirements: The RCAP program is divided into two funding streams that reflect the ownership and, generally, the licensure status of the two types of facilities: (1) county homes (Assistance to Residents of County Homes - ARCH) and (2) licensed room and board facilities (Room and Board Assistance - RBA). The ARCH and RBA programs were historically administered as separate appropriations and programs due to traditional welfare functions of the counties, federal distinctions regarding ownership, and state licensure requirements. The programs also had a separate statutory history prior to the appropriations being combined into the Aging Services line item appropriation in FY 2000.

Program Services: Both ARCH and RBA provide low-income individuals who do not qualify for nursing home level of assistance but are in need of subsidies with nonmedical services such as room, board, laundry, and some minimal administrative assistance. In addition, both programs allow for or provide a small personal needs allowance of $52 per month, as well as medical assistance.

Service Providers/Agencies: County homes and licensed, approved residential facilities.

Client Intake: Applications for the RCAP program may be filled out by the participating facilities and submitted to the local Office of Family and Children. Financial eligibility is determined by the local Offices of Family and Children.

Program Clients -
Target Population: The program serves aged, blind, or disabled persons who are not developmentally delayed, who live in county homes or approved room and board assistance facilities, and do not have sufficient income to pay the facilities' average monthly room and board fee.

Eligibility Requirements: ARCH recipients must be 65 years of age or older, blind, or disabled, a resident of a county home, and otherwise eligible for the federal Supplemental Security Income (SSI) program.

Should more eligible individuals apply than there are approved slots, the Division would establish a waiting list for entry to the program. ARCH recipients in unlicensed facilities have an income eligibility threshold of $821.25 per month.

RBA recipients must be incapable of residing in their own home and must be eligible for Medicaid or the federal Supplemental Security Income (SSI) program. Persons with developmental disabilities may not participate in this program. Should more eligible individuals apply than there are approved slots, the Division would establish a waiting list for assistance under the program. RBA facilities may accept persons who are not capable of living in their own homes due to dementia, physical disability, or mental illness. Residents of licensed facilities have an income eligibility threshold of $1,196.90 per month.

RCAP residents may have cash assets that do not exceed $1,500 excepting irrevocable funeral trusts. The amount of the state subsidy is dependent upon the resident's applicable income and the facility's approved average monthly rate.

No. of Clients Served (Snapshot: June 30, 2003): 2,055
No. of Clients Served in FY 2003 (Unduplicated for year): 2,084

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	12,005,412		12,005,412		
2002	11,991,200		11,991,200		
2003	10,893,719		10,893,719		
2004 ^	11,426,460		11,426,460		
2005 ^	11,426,460		11,426,460		

^ Appropriation.
* (Source of Federal funds)
** (Name of Dedicated fund)
*** (Name of Local fund)

Funding Details: The RCAP program state funding is included in the Aging Services line item appropriation within the budget of DDARS.

ARCH - There were 19 county homes operating 421 approved program slots reported in 2003. One of these facilities is licensed. The state pays $27 per day for unlicensed facilities and $39.35 per day for the single licensed facility in the ARCH program. Medical services provided by the state for ARCH residents are funded with 100% state dollars and are included in the Medicaid line item appropriation.

RBA - In October 2003, DDARS reported that there were 42 licensed RBA facilities with 1,145 approved

residential care slots. RBA facilities receive a rate of $39.35 per day. RBA facilities are all required to be licensed. RBA residents are eligible for the Medicaid Program.

Program Name: Senior Community Service Employment Program (Title V Senior Employment)

Indiana Code Cite: IC 12-10-1-3
Administrative Code Cite:
Account Number: 6000/105600

Administrative Division: Division of Disability, Aging, and Rehabilitative Services
Advisory Board/Commission: DDARS Advisory Council (IC 12-9-4)

Program Description -
Purpose: The Senior Community Service Employment Program is a part-time employment and training program for low-income persons 55 years of age or older who have poor employment prospects.

Federal History/Requirements: Administered by the U.S. Department of Labor's Employment and Training Administration, the Senior Community Service Employment Program is authorized and funded under Title V of the Older Americans Act of 1965. The Older Americans Act was re-authorized and amended in 2000.

State History/Requirements:

Program Services: The program offers, fosters, and promotes useful part-time employment opportunities in governmental and not-for-profit agencies. Program participants are placed in community and government agencies for training and are paid the federal or state minimum wage, whichever is higher. They may also receive specialized training and are encouraged to use their participation in the program as a bridge to unsubsidized employment.

Service Providers/Agencies: Area Agencies on Aging; Experience Works; AARP; USDA Forest Services; Senior Services of America, Inc.

Client Intake: Area Agencies on Aging

Program Clients -
Target Population: Low-income individuals 55 years of age or older who have poor employment prospects.

Eligibility Requirements: Individuals must have an income below 125% of the federal poverty level and be 55 years of age or older.

No. of Clients Served (Snapshot: June 30, 2003): 575
No. of Clients Served in FY 2003 (Unduplicated for year): 575

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	2,173,218	2,166,320	6,897		
2002	2,143,312	2,134,064	9,248		
2003	2,182,576	2,175,508	7,068		
2004 ^	2,136,417	2,130,006	6,411		
2005 ^	2,136,417	2,130,006	6,411		

^ Appropriation.
* (Source of Federal funds) Title V of the Older Americans Act
** (Name of Dedicated fund)
*** (Name of Local fund)

Funding Details: The program is funded with 90% federal funding and a 10% state match. The state match is transferred from the appropriation for the Bureau of Aging Services.

Program Name: Social Security Administration/Vocational Rehabilitation Account (SSA/VR)

Indiana Code Cite:
Administrative Code Cite:
Account Number: 6000/165400

Administrative Division: Division of Disability, Aging, and Rehabilitative Services
Advisory Board/Commission: DDARS Advisory Council (IC 12-9-4)

Program Description -
Purpose: To rehabilitate individuals receiving Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI).

Federal History/Requirements: The Social Security Administration implemented the current Social Security Administration/Vocational Rehabilitation (SSA/VR) reimbursement process in FFY 1982. The program is authorized under 29 U.S.C. 740.

State History/Requirements:

Program Services: The Social Security Administration reimburses DDARS a portion of the costs incurred in successfully rehabilitating an individual receiving SSI or SSDI. This account is used to track incoming revenues as well as expenditures for Vocational Rehabilitation Service program costs.

Service Providers/Agencies: Division of Disability, Aging, and Rehabilitative Services.

Client Intake: NA

Program Clients -
Target Population: Individuals who receive SSI or SSDI and who are employed because of Vocational Rehabilitation Services.

Eligibility Requirements: SSI or SSDI eligibility.

No. of Clients Served (Snapshot: June 30, 2003): 6,789
No. of Clients Served in FY 2003 (Unduplicated for year): 10,869

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	2,515,768	2,515,768			
2002	3,392,805	3,392,805			
2003	3,825,955	3,825,955			
2004 ^	3,213,436	3,213,436			
2005 ^	3,213,436	3,213,436			

^ Appropriation.
* (Source of Federal funds) 29 U.S.C. 740
** (Name of Dedicated fund)
*** (Name of Local fund)

Funding Details: This program is funded with 100% federal funds.

Program Name: Special Projects

Indiana Code Cite:
Administrative Code Cite:
Account Number: 6000/110100

Administrative Division: Division of Disability, Aging, and Rehabilitative Services
Advisory Board/Commission: DDARS Advisory Council (IC 12-9-4)

Program Description -
Purpose: To provide resources, training, and respite care for those serving Alzheimer's patients.

Federal History/Requirements: The U.S. Administration on Aging awarded Indiana a three-year Alzheimer's disease demonstration grant.

State History/Requirements: The Bureau of Aging and In-Home Services within DDARS manages the grant with some contracts in force until December 31, 2004.

Program Services: The grant focuses services on hard-to-reach and underserved people with Alzheimer's disease or related dementia disorders. The grant assists those served through adult day centers, as well as respite assistance for caregivers of people with Alzheimer's disease. The program has also launched an electronic in-home video monitoring system for persons with Alzheimer's disease. The system allows direct caregivers to take a respite break. The grant focuses on the education of rural, low-income and/or minority populations on the diagnosis and care of Alzheimer's disease patients, and develops partnerships with faith-based coalitions, congregate meal sites, and other groups in assisting in the education and training of volunteer respite caregivers.

The grant has funded (a) two direct services projects (Adult Day Service Attendance - 10 clients served; Video Respite - 19 clients served); (b) three education projects (Education of Day Care Staff - 200 persons educated; Statewide Outreach/Education of Social Service Professionals - 12,000 individuals educated; Collaborative Statewide Education Project - number of individuals affected not reported); and (c) one research and evaluation project.

Service Providers/Agencies: Certain Area Agencies on Aging; contracted nonprofit agencies.

Client Intake: Area Agencies on Aging

Program Clients -
Target Population: Ultimately, individuals with Alzheimer's disease.

Eligibility Requirements:

No. of Clients Served (Snapshot: June 30, 2003):
No. of Clients Served in FY 2003 (Unduplicated for year): See *Program Services*, above.

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	182,945	143,619		39,326	
2002	189,059	189,059			
2003	439,906	439,907			
2004 ^	458,160	409,186		48,974	
2005 ^	400,000	400,000			

^ Appropriation.
* (Source of Federal funds) Alzheimer, Special Project, Family Support, Vocational Rehab. For Family Support Grants
** (Name of Dedicated fund) Family Support (25% dedicated)
*** (Name of Local fund)

Funding Details:

Program Name: State Developmental Centers

Indiana Code Cite: IC 12-24-1-1
Administrative Code Cite:
Account Number: Fort Wayne SDC (1000/104650); Muscatatuck SDC (1000/104700).

Administrative Division: Division of Disability, Aging, and Rehabilitative Services
Advisory Board/Commission: DDARS Advisory Council (IC 12-9-4)

Program Description -
Purpose: To provide support services to individuals with developmental disabilities, severe physical limitations, or whose behaviors are a serious threat to themselves or others and who may need an intensive level of care for an extended period of time.

Federal History/Requirements: The state developmental centers are affected by the 1999 *Olmstead* decision, a U.S. Supreme Court decision that held that the unnecessary segregation of individuals with disabilities in institutions may constitute discrimination based on disability. The court ruled that the Americans with Disabilities Act may require states to provide community-based services rather than institutional placements for individuals with disabilities if treatment professionals determine that community-based services are appropriate, the affected individuals do not object to such placement, and the state has the available resources to provide community-based services.

State History/Requirements: In 1989, four state developmental centers had a patient population of 1,521. With the closure of New Castle SDC and Northern Indiana SDC (South Bend) in 1998 and the downsizing of the other facilities, patient census in May 2004 was about 363 (266 in Ft. Wayne SDC and 97 in Muscatatuck SDC).

Program Services: The residents are typically severely or profoundly mentally retarded with limited physical abilities or have severe anti-social behavior that is considered to be dangerous to themselves or others. The residents also typically have secondary disabilities such as mental illness, cerebral palsy, epilepsy, visual impairments, and hearing impairments.

Service Providers/Agencies: The state provides inpatient care at two state-operated developmental centers. Fort Wayne State Developmental Center has 450 certified beds, with current capacity given staff and bed space being 265. Muscatatuck SDC is scheduled to close by January 2005.

Client Intake: In order to reside at a state developmental center, an individual must be committed by court order and approved by the Bureau of Developmental Disabilities Services.

Program Clients -
Target Population: Individuals with developmental disabilities who meet ICF/MR level of care.

Eligibility Requirements: The individual must meet ICF/MR level of care and meet the state's definition of developmentally disabled. A developmental disability is a physical or mental impairment (other than a sole diagnosis of mental illness) that originates before age 22, is expected to continue indefinitely, requires an intensive interdisciplinary plan of habilitative services leading to greater functional independence, and includes substantial limitations in at least three of the following areas requiring intervention: self-care,

language, learning, mobility, self-direction, capacity for independent living, or economic self-sufficiency.

No. of Clients Served (Snapshot: June 30, 2003): FWSDC: 285
MSDC: 148

No. of Clients Served in FY 2003 (Unduplicated for year): FWSDC: 297
MSDC: 197

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	98,489,670	36,441,178	59,093,802	2,954,690	
2002	100,095,325	37,035,270	60,057,195	3,002,860	
2003	100,710,100	37,262,737	60,426,060	3,021,303	
2004 ^	103,403,368	38,600,321	62,299,900	2,503,147	
2005 ^	103,403,368	38,600,321	62,299,900	2,503,147	

^ Appropriation.
* (Source of Federal funds) Medicaid patient payment receipts
** (Name of Dedicated fund) Individual support sources include Social Security payments, commercial insurance, patient payments, and payments from families.
*** (Name of Local fund)

Funding Details: Funding consists of state appropriations, reimbursements from the Medicaid Program, payments through Medicare, and payments made for and by individual patients.

Program Name: Supported Employment Systems Change Grant

Indiana Code Cite:
Administrative Code Cite:
Account Number: 6000/113700

Administrative Division: Division of Disability, Aging, and Rehabilitative Services
Advisory Board/Commission: DDARS Advisory Council (IC 12-9-4)

Program Description -
Purpose: To effect broad changes in the supported employment system, to improve the quality and availability of supported employment services to individuals with the most severe disabilities, and to undertake the needed changes in state and local systems to support those improvements.

Federal History/Requirements: See *State History*.

State History/Requirements: In 1991, the federal Rehabilitation Services Administration awarded the state Bureau of Vocational Rehabilitation a systems change grant. This grant began on October 1, 1991, and was to end on September 30, 1995. The initiative was continued through a grant with Indiana University beginning January 1, 1996.

Program Services: The funds are used primarily to support staff at Indiana University for the following purposes: (1) to increase employment outcomes and organizational change efforts by focusing on program management, (2) to support the Bureau of Vocational Rehabilitation in implementing a results-based outcome funding system, (3) to address systems change and policy issues, and (4) to develop and implement the day and employment services outcomes systems.

Service Providers/Agencies:

Client Intake:

Program Clients -
Target Population: Ultimately, individuals with disabilities.

Eligibility Requirements: NA

No. of Clients Served (Snapshot: June 30, 2003):
No. of Clients Served in FY 2003 (Unduplicated for year):

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	605,384	473,815			131,569
2002	612,017	460,932			151,085
2003	496,144	381,074			115,070
2004 ^	542,387	426,858			115,528
2005 ^	542,387	426,858			115,528

^ Appropriation.
* (Source of Federal funds) Section 110 Basic Support (Dept. Of Education).
** (Name of Dedicated fund)
*** (Name of Local fund) Indiana University.

Funding Details: Funding is split 78.7% from a federal grant and 21.3% from Indiana University.

Program Name: Supported Employment

Indiana Code Cite: IC 12-12-1-5
Administrative Code Cite: 460 IAC 6-5-29
Account Number: 6000/155800

Administrative Division: Division of Disability, Aging, and Rehabilitative Services
Advisory Board/Commission: DDARS Advisory Council (IC 12-9-4)

Program Description -
Purpose: To provide job coaching, on-the-job training, support services, and time-limited case management to persons with the most significant disabilities so that they may achieve competitive employment in integrated environments.

Federal History/Requirements: Congress enacted federal legislation to provide vocational rehabilitation services to persons with disabilities in 1920. The current federal statute is the Rehabilitation Act of 1973. Title IV-C of this act provides funding for supported employment services.

State History/Requirements:

Program Services: The program serves vocational rehabilitation clients with the most severe disabilities for whom competitive employment has not traditionally occurred or for whom competitive employment has been interrupted or intermittent. Examples of supported employment services include vocational assessment and planning, job development, job placement, job support, and career counseling.

Service Providers/Agencies: Local Vocational Rehabilitation offices.

Client Intake: Local Vocational Rehabilitation offices.

Program Clients -
Target Population: Individuals with disabilities.

Eligibility Requirements: Individuals are eligible for services if (1) they have a physical or mental impairment; (2) the impairment creates or causes a substantial impediment to employment; and (3) they require vocational rehabilitation services to prepare for, obtain, or retain employment.

No. of Clients Served (Snapshot: June 30, 2003): 3,865
No. of Clients Served in FY 2003 (Unduplicated for year): 6,170

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	756,928	756,928			
2002	746,083	746,083			
2003	1,470,964	1,470,964			
2004 ^	747,208	747,208			
2005 ^	747,208	747,208			

^ Appropriation.
* (Source of Federal funds) Rehabilitation Act of 1973, Title IV-C
** (Name of Dedicated fund)
*** (Name of Local fund)

Funding Details: Entirely federally funded.

Program Name: Title III/VII Services - Older Americans Act

Indiana Code Cite: IC 12-9-5
Administrative Code Cite:
Account Number: 6000/149800

Administrative Division: Division of Disability, Aging, and Rehabilitative Services
Advisory Board/Commission: DDARS Advisory Council (IC 12-9-4)

Program Description -
Purpose: To provide funding under the Older Americans Act, as amended, to provide programs to persons age 60 and over and individuals with disabilities.

Federal History/Requirements: The Older Americans Act was enacted in 1965 and amended in 2000.

State History/Requirements: In 1992, Indiana implemented its statewide IN-Home Services Program. The program brought together funding from nine funding streams, including the Older Americans Act, to provide comprehensive coordinated services. The Bureau of Aging and IN-Home Services administers the program through contracts with Indiana's 16 Area Agencies on Aging (AAAs). Title III/VII services have been utilized since 1965.

Program Services: Access services (transportation, information, and referral), in-home services, nutrition services (congregate and home-delivered meals), protection and advocacy services, family caregiver support, disease prevention and health promotion, senior centers, and legal services.

Service Providers/Agencies: Area Agencies on Aging and subcontractors.

Client Intake: Area Agencies on Aging.

Program Clients -
Target Population: Individuals age 60 and over.

Eligibility Requirements: Individuals must be age 60 and older. There are no income eligibility criteria.

No. of Clients Served (Snapshot: June 30, 2003): 36,636
No. of Clients Served in FY 2003 (Unduplicated for year): 36,636

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	17,387,409	17,249,373			
2002	17,387,239	17,678,977			
2003	20,217,675	20,197,297			
2004 ^	17,296,512	17,296,512			
2005 ^	17,296,512	17,296,512			

^ Appropriation.
* (Source of Federal funds) Title III and Title VII of the Older Americans Act
** (Name of Dedicated fund)
*** (Name of Local fund)

Funding Details: The funding consists of 85% federal and 15% state/local. The source of the required state/local matching funds is the grant recipients, the AAAs. The not-for-profit AAAs supply in-kind donations or cash contributions necessary to secure the federal funds.

Program Name: Vocational Rehabilitation Services

Indiana Code Cite: IC 12-12-1
Administrative Code Cite:
Account Number: 3720/172300

Administrative Division: Division of Disability, Aging, and Rehabilitative Services
Advisory Board/Commission: Commission on Rehabilitation Services (IC 12-12-2)

Program Description -
Purpose: To assist eligible individuals with disabilities in making informed career choices and utilizing support services to prepare for, obtain, or retain employment.

Federal History/Requirements: Congress enacted federal legislation to provide vocational rehabilitation services to persons with disabilities in 1920. The current federal statute is the Rehabilitation Act of 1973, which has been amended five times, most recently in 1998.

State History/Requirements: The state and federal government partnership which created this program was established in 1920.

Program Services: Clients identify a vocational goal based upon their interests and abilities and identify the services which will be needed to achieve the goal. Services vary by client.

Service Providers/Agencies: Local Vocational Rehabilitation Services offices.

Client Intake: Local Vocational Rehabilitation Services offices.

Program Clients -
Target Population: Individuals with disabilities.

Eligibility Requirements: Individuals eligible for vocational rehabilitation services include (1) persons who have a physical or mental impairment, (2) persons whose impairment constitutes or results in a substantial impediment to employment, (3) persons who can benefit in terms of an employment outcome from the provision of vocational rehabilitation services, and (4) persons who require services to help prepare for gainful employment .

No. of Clients Served (Snapshot: June 30, 2003): 21,747
No. of Clients Served in FY 2003 (Unduplicated for year): 36,516

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	67,400,814	53,044,441	14,356,373		
2002	68,504,532	53,885,182	14,619,350		
2003	76,196,135	59,912,151	16,283,984		
2004 ^	71,466,406	56,244,112	15,222,296		
2005 ^	71,466,406	56,244,112	15,222,296		

^ Appropriation.
* (Source of Federal funds) Section 110 Basic Support (Dept. Of Education).
** (Name of Dedicated fund)
*** (Name of Local fund)

Funding Details:

Program Name: Vocational Rehabilitation Services: In-Service Training

Indiana Code Cite:
Administrative Code Cite:
Account Number: 3760/172500

Administrative Division: Division of Disability, Aging, and Rehabilitative Services
Advisory Board/Commission: DDARS Advisory Council (IC 12-9-4)

Program Description -
Purpose: The program's purpose is to (1) assist vocational rehabilitation staff in obtaining master's degrees in rehabilitation, (2) assist with professional certification, and (3) offer ongoing training for the maintenance of certification.

Federal History/Requirements: Federal Vocational Rehabilitation Services program legislation mandates that state agencies provide ongoing training to vocational rehabilitation staff at all levels. In addition to using program operating funds, states compete for in-service training grants. Federal grants are awarded according to staff size and the quality of the grant proposal.

State History/Requirements:

Program Services: Training and certification of vocational rehabilitation staff.

Service Providers/Agencies: Division of Disability, Aging, and Rehabilitative Services.

Client Intake: NA

Program Clients -
Target Population: Ultimately, clients of vocational rehabilitation services.

Eligibility Requirements: NA

No. of Clients Served (Snapshot: June 30, 2003): 331
No. of Clients Served in FY 2003 (Unduplicated for year): 331

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	77,446	69,719	7,746		
2002	59,938	53,944	5,993		
2003	66,847	60,162	6,684		
2004 ^	62,999	56,699	6,300		
2005 ^	62,999	56,699	6,300		

^ Appropriation.
* (Source of Federal funds) Vocational Rehabilitation grant.
** (Name of Dedicated fund)
*** (Name of Local fund)

Funding Details: Funding is 90% federal and 10% state.

Division of Family and Children

Program Name: Adoption Assistance Program

Indiana Code Cite: IC 31-19-26
Administrative Code Cite: 470 IAC 3-5.3-3; 470 IAC 3-9
Account Number: 3500/185900

Administrative Division: Division of Family and Children
Advisory Board/Commission: DFC Advisory Council (IC 12-13-4)

Program Description -
Purpose: The Title IV-E Adoption Assistance program is designed to assist states in finding adoptive homes for eligible children with special needs.

Federal History/Requirements: Adoption Assistance and Child Welfare Act of 1980 (Public Law 96-272).

State History/Requirements: The Indiana General Assembly passed legislation to implement the federal "Adoption Assistance and Child Welfare Act in Indiana, and the Governor signed it into law on June 17, 1980. Statewide implementation of the Adoption Assistance Program occurred in October 1982.

Program Services: This program provides funds to states to assist in providing ongoing financial and medical assistance for adopted children with special needs. Funds also support staff training and administrative costs. Support includes monthly subsidies, medical assistance, social services, and nonrecurring adoption expenses.

Service Providers/Agencies: Local Division of Family and Children offices.

Client Intake: Local Division of Family and Children offices.

Program Clients -
Target Population: Families who adopt special needs children.

Eligibility Requirements: In order for children to receive federally matched adoption assistance, they must have been eligible for AFDC-Foster Care (according to June 1996 eligibility standards) at the time of removal and in the month the adoption petition is filed or Supplemental Security Income (SSI) in the month the adoption petition is filed. A child may also be eligible for the program if they were determined to be eligible for adoption assistance in a previous adoption, or if they are the child of a minor mother who was eligible for Title IV-E or AFDC at the time of child's removal and at the time of the adoption petition. Termination of parental rights must occur prior to the adoption petition, and a judge must determine that it is in the child's best interest to not return the child to the parent. The AFDC program was replaced with TANF in 1996, however, the guidelines from the program continue to be used as eligibility criteria for youth in foster care. Children receiving federally matched adoption assistance are considered to be TANF or SSI recipients and, therefore, remain eligible for Title XIX Medicaid and Title XX Social Services after adoption.

The program serves families who adopt special needs children. To be eligible for reimbursement, the child must be a special needs child who (1) is age two years or older or (2) is a member of a sibling group placed together in the same home and at least one child of the sibling group is at least age two years, or (3) has a medical condition or physical, mental, or emotional disability or is at high risk of developing such a condition or disability as diagnosed by a licensed physician that would make the child difficult to place.

No. of Clients Served (Snapshot: June 30, 2003): 6,260.
No. of Clients Served in FY 2003 (Unduplicated for year): Unknown. No unduplicated count is maintained; the average monthly number of children receiving adoption assistance for the year was 6,197.

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	25,675,763	18,734,834	6,940,929		
2002	29,721,612	21,698,667	8,022,944		
2003	33,294,085	24,338,140	8,955,944		
2004 ^	31,487,301	25,594,936	5,892,365		
2005 ^	31,487,301	25,594,936	5,892,365		

^ Appropriation.
* (Source of Federal funds) Title IV-E
** (Name of Dedicated fund)
*** (Name of Local fund)

Funding Details: The federal financial participation for adoption assistance is the same as for the Medicaid Program. Indiana's Medicaid reimbursement is currently about 62% federal and 38% state. The state share is funded through local property tax levies through a county's Family and Children Fund.

Program Name: Child Care Development Fund Assistance (CCDF)

Indiana Code Cite: IC 12-17.2-3.5
Administrative Code Cite:
Account Number: 3500/186200 (CCDF Assistance); 3500/186500 (CCDF Administration).

Administrative Division: Division of Family and Children
Advisory Board/Commission: DFC Advisory Council (IC 12-13-4)

Program Description -
Purpose: To increase the availability, affordability, and quality of child care by (1) providing for the care and supervision of eligible children from low-income families whose parents are working or in education and training programs, (2) supporting before- and after-school care for school-age children, and (3) supporting state and local initiatives to increase quality child care.

Federal History/Requirements: The CCDF was created as a part of the 1996 federal welfare reform law. It combined all previous federally funded programs for child care into one funding source.

State History/Requirements: See *Federal History.*

Program Services: Child care vouchers.

Service Providers/Agencies: The state contracts with a local entity in each county to administer the CCDF voucher program. Parents can choose from any child care provider that meets the eligibility requirements of IC 12-17.2-3.5.

Client Intake: Local entities contracting with the state; varies by county.

Program Clients -
Target Population: Low-income families.

Eligibility Requirements: The following families may be enrolled in the CCDF program according to the following order: (1) families receiving TANF and participating in the IMPACT Program; (2) families receiving TANF, but who are not enrolled in an IMPACT-approved activity; (3) families with children who receive or need to receive protective services as verified by the local Office of Family and Children can be eligible for CCDF child care services provided the Child Protection Service (CPS) caseworker indicates the family needs child care out of the child's home (a child who has been placed into another home is not eligible for this exception); (4) children with special needs who meet income and service eligibility guidelines; (5) families that are transitioning off of the TANF program; and (5) families with the lowest income who are not receiving TANF or transitioning off of TANF, but who are at risk of becoming dependent on such assistance.

No. of Clients Served (Snapshot: June 30, 2003): Families: 19,503 Children: 38,086
No. of Clients Served in FY 2003 (Unduplicated for year): Families: 38,973 Children: 71,592

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	223,441,416	191,811,493	31,629,923		
2002	205,146,907	170,551,756	34,595,151		
2003	172,757,683	137,130,902	35,626,781		
2004 ^	188,919,677	155,798,921	33,120,756		
2005 ^	186,984,233	153,863,477	33,120,756		

^ Appropriation.
* (Source of Federal funds) CCDF & TANF Block Grant, SSBG.
** (Name of Dedicated fund)
*** (Name of Local fund)

Funding Details: The CCDF is funded by the federal government, however, a state match is required. In addition, states may transfer up to 30% of TANF funds to the CCDF. State match requirements vary by the amount of total funding a state chooses to allocate to the program. There is a required state maintenance-of-effort level of funding, a required match for the block grant, and a percentage match for spending above that required for the base block grant. Additional state SSBG funds are also transferred into the program in order to allow child care centers to qualify for hot lunch subsidies.

Program Name: Child Care Fund

Indiana Code Cite: IC 12-17.2-2; IC 12-17.2.6
Administrative Code Cite: 470 IAC 3-4.7
Account Number: 2700/150000

Administrative Division: Division of Family and Children
Advisory Board/Commission: DFC Advisory Council (IC 12-13-4)

Program Description -
Purpose: Training and enforcement of licensing and registration provisions.

Federal History/Requirements: NA

State History/Requirements: Indiana charged a licensing fee from 1993 until 1996 when then-Governor Bayh issued an executive order discontinuing the collection of fees for various programs. The Office of the Fire Marshal participates in licensing and registration of providers. A $50 fee is paid to the Office of the Fire Marshal for its services, however, those funds are deposited into an account separate from the Child Care Fund.

Program Services: Money deposited into the fund is used to provide training and facilitate compliance with and enforcement of child care licensing and child care ministry registration provisions set forth in statute.

Service Providers/Agencies: Division of Family and Children.

Client Intake: NA

Program Clients -
Target Population: NA

Eligibility Requirements: NA

No. of Clients Served (Snapshot: June 30, 2003): NA
No. of Clients Served in FY 2003 (Unduplicated for year): NA

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	24,548			24,548	
2002	1,100			1,100	
2003	34,278			34,278	
2004 ^	100,000			100,000	
2005 ^	100,000			100,000	

^ Appropriation.
* (Source of Federal funds)
** (Name of Dedicated fund) Child Care Fees and Penalties
*** (Name of Local fund)

Funding Details: Money in the Child Care Fund is deposited from several venues: (1) registration fees from registered child care ministries in the amount of $50 and (2) civil penalties which have been collected as a result of child care licensing and child care ministry registration violations. In the past, money has also been deposited from fees required for child care provider licensing. However, currently under executive order, no fees are being charged.

Program Name: Child Protection Services

Indiana Code Cite: IC 31-33-7
Administrative Code Cite:
Account Number: 2100/170000

Administrative Division: Division of Family and Children
Advisory Board/Commission: DFC Advisory Council (IC 12-13-4)

Program Description -
Purpose: To provide state intervention for children from abuse and neglect in their normal environment.

Federal History/Requirements:

State History/Requirements:

Program Services: The Child Protection Services provides around-the-clock services for intake, investigations of reported abuse or neglect, assessment of the family situation of the child, and case management services, either informally or by court orders. Assessment, case management, and supervision services involve determination of service needs and arranging for the various services provided to children and their families.

Service Providers/Agencies: Local child welfare caseworkers; law enforcement officers; and courts.

Client Intake: State statutes mandate numerous professionals having routine contact with children to report suspected abuse or neglect. Reports may be made to local law enforcement, to a child abuse and neglect hotline operated in each county, or directly to the local child welfare agency (Office of Family and Children). Allegations of abuse and neglect must be investigated within a defined time period.

Program Clients -
Target Population: Children reported or suspected of being abused or neglected.

Eligibility Requirements: Generally, children are 18 years of age or younger, but may possibly be up to 21 years of age if developmentally disabled.

No. of Clients Served (Snapshot: June 30, 2003):
No. of Clients Served in FY 2003 (Unduplicated for year): 61,492 children (reports of abuse and neglect)

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	184,711,456	66,041,997	71,569,134	47,100,325	
2002	191,012,536	74,528,606	98,512,508	17,971,423	
2003	185,873,779	80,540,376	98,600,257	6,733,147	
2004 ^	190,445,817	77,500,000	98,281,302	14,664,515	
2005 ^	190,445,817	77,500,000	98,281,302	14,664,515	

^ Appropriation.
* (Source of Federal funds) Federal match for administrative expenditures.
** (Name of Dedicated fund) Transferred funds (see below)
*** (Name of Local fund)

Funding Details: Funding for the Child Protective Services case workers is predominately funded from the state General Fund. Some private grant funds and federal grants are used to provide for training and some administrative functions such as computer systems.

Source of Transferred Funds:

Excise Tax (3500-186300)
Food Stamp Over-Issuance (6000-114400)
Medicaid State Appropriation (1000-109240)
Children With Special Health Care Needs (2070-140000)
Cash Balance (2100-170000)
SSBG (3520-150000)
State Earned (3570-170200)
Y2K (3630-150200)
Financial Institutions Tax (3500-186300)
Property Tax Replacement (9000-199000)

Program Name: Child Welfare Assistance (Title IV-B, Subpart 1)

Indiana Code Cite: IC 12-17-3
Administrative Code Cite: 470 IAC 3-1
Account Number: 3630/150600 (Child Welfare Assistance); 3630/150100 (Child Welfare Administration).

Administrative Division: Division of Family and Children
Advisory Board/Commission: DFC Advisory Council (IC 12-13-4)

Program Description -
Purpose: The purpose of the program is to provide services to abused and neglected children and their families in order to maintain the child in his or her own home with a reduced risk of abuse or neglect. The program also seeks to prevent placement out of the child's home and to reunify children with their families when possible.

Federal History/Requirements: The statutory authority for this program can be found in Title IV-B of the Social Security Act since its inception in 1935. The Adoption Assistance and Child Welfare Act of 1980 amended Title IV-B child welfare services to institute financial incentives for states to provide certain protections for children in foster care. The 1993 Omnibus Budget Reconciliation Act amended IV-B to change the name of the title from Child Welfare Service to Child and Family Services. It also created a second subpart called Family Preservation and Support Services (now Safe and Stable Families). Additional amendments were made to Title IV-B of the Social Security Act in 1994.

State History/Requirements: Indiana implemented its Title IV-B program during the 1930s. In order to track reports and investigations for abused and neglected children across the state, Indiana created the Indiana Child Welfare Information System (ICWIS), a computer system that links with all child welfare services in the state, including the Indiana Client Eligibility System (ICES), the Indiana Support Enforcement Tracking System (ISETS), courts, and police and law enforcement agencies. Once a child is known to the system, any activity or services provided to that child and family are recorded. The system was created with a 75% federal match. In June 1996, ICWIS was implemented in three pilot counties. In November and December of that year, six more counties were added, and by March 1, 1997, the system was statewide.

Program Services: Program services focus on (1) establishing, extending, and strengthening child welfare services and (2) assuring safety for all family members by assisting in resolving crises to enhance parents' ability to create safe, stable, and nurturing home environments that provide healthy child development.

Service Providers/Agencies: Local Division of Family and Children offices.

Client Intake: Local Division of Family and Children offices.

Program Clients -
Target Population: Children in Need of Services (CHINS) and their families, children who have had abuse or neglect investigations, and children who are in adoptive placements or in finalized adoptions who need services to maintain their adoptive placement.

Eligibility Requirements: Title IV-B is available on the basis of the need for services and may not be denied on the basis of income or length of residence in the state. The federal government allows Indiana to target populations and geographic areas to which family preservation and family support services will be targeted. The program serves children ages 0 to 21.

No. of Clients Served (Snapshot: June 30, 2003):
No. of Clients Served in FY 2003 (Unduplicated for year): 5,608 (families)

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	7,979,943	7,462,576	517,367		
2002	8,238,760	6,159,549	2,037,395		41,816
2003	14,327,776	8,015,091	6,161,543		151,142
2004 ^	11,299,134	8,159,456	2,945,481		194,197
2005 ^	9,919,834	6,705,874	3,013,960		200,000

^ Appropriation.
* (Source of Federal funds) Title IV-B
** (Name of Dedicated fund)
*** (Name of Local fund) Welfare Tax Levy

Funding Details: Indiana's federal allotment of funds for child welfare services (Title IV-B, Part 1) is based on the state's population under the age of 21 as compared to other states and the "allotment percentage of the state (primarily the state's per capita income). A 25% state match is required. The state share is funded from state General Fund appropriations and local property tax levies through each county's Family and Children Fund.

Expenditures for the ICWIS program are charged to the Foster Care and TANF Emergency Assistance programs.

Program Name: Community Services Block Grant (CSBG)

Indiana Code Cite: IC 12-13-5-2; IC 12-13-7-1
Administrative Code Cite:
Account Number: 6000/102700

Administrative Division: Division of Family and Children
Advisory Board/Commission: DFC Advisory Council (IC 12-13-4)

Program Description -
Purpose: To provide funds for various services and activities which have a measurable and major impact on the causes of poverty.

Federal History/Requirements: In 1964, Congress passed the Economic Opportunity Act establishing the Economic Opportunity Commission (EOC). The Act contained three components: (1) nonprofit, community-based organizations known as Community Action Programs (CAPs) were established; (2) CAP boards were to include membership from those persons they served and the delivery systems of the programs serving those persons; and (3) funds were not earmarked for any specific programs (i.e., local CAP boards could use the funds for programs that they determined would most benefit their local area).

State History/Requirements: See *Federal History*.

Program Services: Community Action Agencies use these funds to initiate, supplement, and implement many local community action efforts. These projects include, but are not limited to, drug treatment, information and referral networks, nutritional assistance, education assistance, housing assistance, counseling, employment and training, and emergency assistance.

Service Providers/Agencies: Indiana provides CSBG funds to Community Action Agencies throughout the state to provide many programs within their service areas.

Client Intake: Community Action Agencies.

Program Clients -
Target Population: Low-income individuals and families are the primary target population. Specific programs may target other more specific populations, such as the elderly, families with children, or homeless persons.

Eligibility Requirements: Households with income at or below 125% of the federal poverty guidelines are eligible to receive benefits from programs funded by this grant.

No. of Clients Served (Snapshot: June 30, 2003):
No. of Clients Served in FY 2003 (Unduplicated for year):

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	8,067,841	8,067,841			
2002	8,585,581	8,585,581			
2003	9,401,957	9,401,957			
2004 ^	9,511,477	9,511,477			
2005 ^	9,511,477	9,511,477			

^ Appropriation.
* (Source of Federal funds) Community Services Block Grant (CSBG)
** (Name of Dedicated fund)
*** (Name of Local fund)

Funding Details:

Program Name: Consolidated Outreach

Indiana Code Cite:
Administrative Code Cite:
Account Number: 6000/115700

Administrative Division: Division of Family and Children
Advisory Board/Commission: DFC Advisory Committee (IC 12-13-4)

Program Description -
Purpose: To provide case management and service coordination for migrant and seasonal farm workers.

Federal History/Requirements:

State History/Requirements:

Program Services: Bilingual case managers complete needs assessments, direct referrals to local service providers, and conduct follow-up reviews for migrant and seasonal farm worker households. Statistical data is also collected on each person assisted. Staff from the Consolidated Outreach Project also work nights and weekends at food pantries in order to allow agricultural workers access through expanded hours and to assure that Spanish-speaking staff are available during the pantries' hours of operation.

Service Providers/Agencies: Indiana Health Centers, Inc. (Nonprofit organization)

Client Intake: Case workers visit migrant camps.

Program Clients -
Target Population: Migrant and seasonal farm workers.

Eligibility Requirements: Individuals and families whose primary income is derived from employment in agriculture and who may or may not occupy temporary housing for the purpose of this employment.

No. of Clients Served (Snapshot: June 30, 2003):
No. of Clients Served in FY 2003 (Unduplicated for year): 9,000

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	212,277	212,277			
2002	185,516	185,516			
2003	164,117	164,117			
2004 ^	230,000	230,000			
2005 ^	230,000	230,000			

^ Appropriation.
* (Source of Federal funds) SSBG, CSBG, DOE, DWD
** (Name of Dedicated fund)
*** (Name of Local fund)

Funding Details: Funding is mainly through a federal grant. The Indiana Department of Education identifies $30,000 in qualifying expenditures within the DOE that meet the match requirements for this federal grant. Matching funds are not expended in this fund/center..

Program Name: Domestic Violence Prevention and Treatment Fund

Indiana Code Cite: IC 12-18-4
Administrative Code Cite:
Account Number: 3320/102000

Administrative Division: Division of Family and Children
Advisory Board/Commission: Domestic Violence Prevention and Treatment Council (IC 12-18-3)

Program Description -
Purpose: To provide funding to agencies that (1) provide comprehensive shelter care for victims of domestic violence and their dependents and (2) provide outreach programs for persons who do not need a shelter.

Federal History/Requirements: NA

State History/Requirements: In 1980, SEA 185 established the Domestic Violence Prevention & Treatment Fund. The act also established the Domestic Violence Prevention and Treatment Council.

Program Services: The Division of Family and Children uses the following criteria when awarding grants or entering into contracts. Programs must do the following: (1) establish or maintain a domestic violence prevention and treatment center offering certain services required by statute; (2) develop and establish a training program for professional, paraprofessional, and volunteer personnel who are engaged in areas related to the problems of domestic violence; (3) conduct research necessary to develop and implement programs for the prevention and treatment of domestic violence; or (4) develop and implement other means for the prevention and treatment of domestic violence.

Agencies applying for grant or contract money may not receive money unless the agency furnishes, agrees to furnish, or arranges with a third party to furnish all of the following services: (1) emergency shelter, provided either at the center or by arrangement at temporary residential facilities available in the community, that is available to a person who fears imminent serious bodily injury from the person's spouse or former spouse and that is also available to the dependent children of the person; (2) a 24-hour telephone system to provide crisis assistance to a spouse or former spouse threatened by domestic violence; (3) emergency transportation services if necessary to aid spouses or former spouses who are victims of domestic violence; and (4) information, referral, and victim advocacy services in the areas of health care assistance, social and mental health services, family counseling, job training and employment opportunities, legal assistance, and counseling for dependent children.

Service Providers/Agencies: Contracted organizations.

Client Intake: Contracted organizations.

Program Clients -
Target Population: Individuals and families who are victims of domestic violence.

Eligibility Requirements: Must be a victim of domestic violence.

No. of Clients Served (Snapshot: June 30, 2003): 31,695
No. of Clients Served in FY 2003 (Unduplicated for year): 31,695

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	1,118,802		559,401	559,401	
2002	1,728,980		864,490	864,490	
2003	1,895,036		947,518	947,518	
2004 ^	2,000,000		100,000	1,000,000	
2005 ^	2,000,000		1,000,000	1,000,000	

^ Appropriation.
* (Source of Federal funds)
** (Name of Dedicated fund) Family Violence Victims Assistance Fund (IC 12-18-5)
*** (Name of Local fund)

Funding Details: The sources of monies for the Family Violence and Victim Assistance Fund are court fees under IC 33-19-7-5 and the State User Fee Fund under IC 33-19-9-4.

Program Name: Emergency Assistance Services

Indiana Code Cite:
Administrative Code Cite:
Account Number: 6000/185700

Administrative Division: Division of Family and Children
Advisory Board/Commission: DFC Advisory Council (IC 12-13-4)

Program Description -
Purpose: To provide various crisis intervention services to eligible low-income families with dependent children who have a substantiated case of child abuse or neglect.

Federal History/Requirements: NA

State History/Requirements:

Program Services: Counseling; assistance, support, and education in homemaking skills; assistance for the out-of-home emergency care necessary to protect a child when the care is provided in a fully licensed or approved setting such as a group home, foster family home, relative home, shelter facility, or residential or inpatient psychiatric care; and payment for clothing.

Service Providers/Agencies: Local service providers under the direction of local Division of Family and Children offices.

Client Intake: Local Division of Family and Children offices.

Program Clients -
Target Population: Low-income families with dependent children who have been adjudicated victims of abuse or neglect.

Eligibility Requirements: Emergency assistance services are provided for dependent children under age 18 and whose family income is less than 250% of the federal poverty guidelines.

No. of Clients Served (Snapshot: June 30, 2003):
No. of Clients Served in FY 2003 (Unduplicated for year):

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	8,840,622	8,840,622			
2002	9,855,016	9,855,016			
2003	8,864,906	8,864,906			
2004 ^	7,119,500	7,119,500			
2005 ^	7,119,500	7,119,500			

^ Appropriation.
* (Source of Federal funds) TANF Block Grant
** (Name of Dedicated fund)
*** (Name of Local fund)

Funding Details: This program is funded through the TANF block grant. (See *TANF Program*.)

Program Name: Emergency Shelter Grant

Indiana Code Cite:
Administrative Code Cite:
Account Number: 6000/114100

Administrative Division: Division of Family and Children
Advisory Board/Commission: DFC Advisory Council (IC 12-13-4)

Program Description -
Purpose: To provide funds for basic operating expenses and homeless prevention expenses incurred by shelters, missions, and homeless service organizations.

Federal History/Requirements: The Emergency Shelter Grant was created in 1986. It is a part of the federal Stewart B. McKinney Act.

State History/Requirements: See *Federal History.*

Program Services: These funds are used to improve existing agencies which serve the homeless population by funding shelter operations and maintenance of the facility, essential supportive services (i.e., case management, physical and mental health treatment, substance abuse counseling, childcare, etc.), homeless prevention, and grant administration.

Service Providers/Agencies: Shelters, missions, and homeless service organizations throughout Indiana.

Client Intake: Shelters, missions, and homeless service organizations.

Program Clients -
Target Population: Homeless persons or families and those who are in immediate danger of becoming homeless.

Eligibility Requirements: Individuals or families must be homeless or at risk of becoming homeless.

No. of Clients Served (Snapshot: June 30, 2003):
No. of Clients Served in FY 2003 (Unduplicated for year): 33,396

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	1,770,176	1,770,176			
2002	1,737,169	1,737,169			
2003	1,748,949	1,748,949			
2004 ^	1,794,092	1,794,092			
2005 ^	1,794,092	1,794,092			

^ Appropriation.
* (Source of Federal funds) Community Services Block Grant
** (Name of Dedicated fund)
*** (Name of Local fund)

Funding Details: Grantees, except for state governments, must match federal Emergency Shelter Grant funds dollar for dollar with their own locally generated amounts. These local amounts can come from the grantee or recipient agency or organization; other federal, state and local grants; and from "in-kind" contributions, such as the value of a donated building, supplies and equipment, new staff services, and volunteer time.

Program Name: Family Preservation and Support Services (Title IV-B, Subpart 2)

Indiana Code Cite: IC 12-14-25.5
Administrative Code Cite:
Account Number: 6000/127100

Administrative Division: Division of Family and Children
Advisory Board/Commission: DFC Advisory Council (IC 12-13-4)

Program Description -
Purpose: The purpose of this program is to provide services which achieve the following: (a) assure the safety of all family members; (b) avoid unnecessary out-of-home placements of children and help children already in out-of-home care to be returned to and maintained with their families, or in another planned, permanent living arrangement; (c) enhance parents' ability to create safe, stable, and nurturing home environments which promote healthy child development; and (d) assist families and children to resolve crises, connect with necessary and appropriate services, and remain safely together in their homes whenever possible.

Federal History/Requirements: Enactment of the Omnibus Budget Reconciliation Act of 1993 restructured and retitled Title IV-B of the Social Security Act. In addition to the Title IV-B, Subpart 1, Child and Family Services, Congress created a new Title IV-B, Subpart 2, Family Preservation and Support Services. The Family Preservation and Support Services Program authorizes capped entitlement funding to states for the provision of community-based family support and family preservation services. The Adoption and Safe Families Act of 1997 added the categories of time-limited reunification and adoption promotion and support services. These changes in federal law changed the direction of this funding to require the focus to be more toward families who have problems (adding the categories of time-limited reunification and adoption promotion and support) and less on prevention.

State History/Requirements:

Program Services: The program serves both families and children from the general "at-risk community (those eligible for family support services) and those who have had abuse or neglect investigations and/or are at greater risk of removal of the children from the home (those eligible for family preservation services).

Family support services include respite care for parents and other caregivers; early developmental screening of children to assess their needs; mentoring, tutoring, and health education for youth; and home-based and crisis-oriented services. Family preservation services include intensive pre-placement preventative services; respite care for parents and other caregivers; and services to improve parenting skills and support child development. Time-limited reunification services are services to a child, and their family, who has been removed from his/her home to facilitate reunification during the first five-month period that the child is in foster care. Adoption promotion and support services are activities designed to encourage more adoptions out of the foster care system.

Service Providers/Agencies: Local Division of Family and Children Offices.

Client Intake: Local Division of Family and Children offices.

Program Clients -
Target Population: Families and children who have been or who are at risk of being abused or neglected.

Eligibility Requirements: Title IV-B is available on the basis of the need for services and may not be denied on the basis of income or length of residence in the state. The federal government allows Indiana to target populations and geographic areas to which family preservation and family support services will be targeted. The program serves children ages 0 to 21.

No. of Clients Served (Snapshot: June 30, 2003): Not Available
No. of Clients Served in FY 2003 (Unduplicated for year):

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	4,547,127	3,410,345			1,136,782
2002	3,565,603	2,674,202			891,401
2003	7,843,245	5,882,434			1,960,811
2004 ^	6,834,112	5,125,584			1,708,528
2005 ^	6,834,112	5,125,584			1,708,528

^ Appropriation.
* (Source of Federal funds) Title IV-B, Part II funds
** (Name of Dedicated fund)
*** (Name of Local fund) Family and Children's Fund

Funding Details: Federal funding for this program is a capped entitlement. Indiana's allotment is based on the average monthly number of children receiving Food Stamp benefits for the most recent three federal fiscal years. A 25% state match is required. The state share is funded through local property tax levies through each county's Family and Children fund.

Program Name: Family Violence Prevention

Indiana Code Cite:
Administrative Code Cite:
Account Number: 6000/108700

Administrative Division: Division of Family and Children
Advisory Board/Commission: DFC Advisory Council (IC 12-13-4)

Program Description -
Purpose: To provide resource information, training, and technical assistance to the federal, state, and Native-American agencies, local domestic violence prevention programs, and other professionals who provide services to victims of domestic violence.

Federal History/Requirements: Congress implemented the federal Family Violence Prevention and Services Act in 1986.It was reauthorized and amended in 1992 by Public Law 102-295, in 1994 by Public Law 103-122, the Violent Crime Control and Law Enforcement Act, in 1996 by Public Law 104-235, the Child Abuse Prevention and Treatment Act (CAPTA) of 1996, and the Victims of Trafficking and Violence Protection Act, Public Law 106-386, in 2000. The Act was most recently amended by the Keeping Children and Families Safe Act of 2003, Public Law 108-36.

State History/Requirements: Indiana implemented the federal Family Violence Prevention Program in 1985.

Program Services: Resource information, training, and technical assistance to agencies providing services to victims of domestic violence.

Service Providers/Agencies: Local domestic violence shelters.

Client Intake: Local domestic violence shelters.

Program Clients -
Target Population: Victims of domestic violence and their dependents.

Eligibility Requirements: Individuals must be victims of domestic violence and over the age of 18.

No. of Clients Served (Snapshot: June 30, 2003): 31,695
No. of Clients Served in FY 2003 (Unduplicated for year): 31,695

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	1,225,015	1,225,015			
2002	1,555,722	1,555,722			
2003	1,488,896	1,488,896			
2004 ^	1,781,430	1,781,430			
2005 ^	1,781,430	1,781,430			

^ Appropriation.
* (Source of Federal funds) FAM VI
** (Name of Dedicated fund)
*** (Name of Local fund)

Funding Details: Federal grant.

Program Name: First Steps

Indiana Code Cite: IC 12-17-15
Administrative Code Cite: 470 IAC 3.1
Account Number: 6000/118400

Administrative Division: Division of Family and Children
Advisory Board/Commission: Interagency Coordinating Council on Infants and Toddlers (IC 12-17-15-7)

Program Description -
Purpose: First Steps is Indiana's early intervention system for infants and toddlers who have developmental disabilities or are at risk for developmental delays.

Federal History/Requirements: In 1986 Congress passed P.L. 99-457 establishing the Part H Early Intervention Program within the Individuals with Disabilities Education Act, or IDEA. IDEA was reauthorized in 1997; the Early Intervention Program is now known as Part C.

The program for infants and toddlers with disabilities is a capped federal grant program that assists states in operating a comprehensive statewide program of early intervention services for eligible children and their families. In order for a state to participate in the grant program, the state must assure that early intervention services will be available to every eligible child and its family. The federal statute and regulations specify numerous requirements that must be met including the minimum components of a comprehensive statewide system which include the following:

1. Definition of developmental delay;
2. Timetable for ensuring appropriate services to all eligible children;
3. Timely and comprehensive multi-disciplinary evaluation of needs of children and family-directed identification of the needs of each family;
4. Individualized family service plan and service coordination;
5. Comprehensive child find and referral system;
6. Public awareness program;
7. Central directory of services, resources, and research and demonstration projects;
8. Comprehensive system of personnel development;
9. Policies and procedures for personnel standards; and
10. Single line of authority in a lead agency.

States have some discretion in setting the criteria for child eligibility, including whether or not to serve at-risk children. (The Indiana program includes at-risk children.)

State History/Requirements: Indiana's First Steps is a family-centered, coordinated system to serve children from birth to age three who have disabilities and/or who are developmentally vulnerable. The goal of the program is to provide high quality, early intervention services in order to reduce the incidence and severity of developmental delays and maximize the potential of children so that as adults they can function as contributing members of society. The program also facilitates the coordination of payment for early intervention services from federal, state, local, and private sources.

The Interagency Coordinating Council on Infants and Toddlers was established in 1987. The program also maintains local planning and coordinating councils that identify local concerns, issues, and strengths, which

help to develop the local service delivery system to meet identified needs of children and families in the community.

Program Services: Services are individually tailored to the children's and family's needs and developmental stages. Services include the following:

Special instruction	Health Services
Vision Services	Diagnostic Services
Assistive Technology	Nursing Services
Psychological Services	Audiology
Transportation	Nutrition Services
Physical Therapy	Occupational Therapy
Social Work Services	Speech Pathology
Family Support	Service Coordination

Service Providers/Agencies: First Steps providers are a multi-disciplinary and diverse group. In order to facilitate access to appropriate service providers who accept First Steps reimbursement, providers present credentials and enroll with FSSA. Provider selection is made by the families within the Individual Family Service Plan with the assistance of the service coordinator assigned to the family. First Steps also maintains an on-line service which allows parents, service coordinators, or other interested parties to search for enrolled providers based on specified search criteria.

Client Intake: Families may be self-referred or referred by hospitals, local physicians, well-baby clinics, or others. Families are referred to a single-point-of-entry intake coordinator. If the family desires, the coordinator will arrange for an eligibility determination evaluation of the child by appropriate therapists. If the child is determined to meet the eligibility criteria, then an Individual Family Service Plan is developed that helps guide the family's intervention program for a year.

Program Clients: -
Target Population: Families with children, ages birth to three years, who have developmental disabilities or are at risk for developmental delays.

Eligibility Requirements: Children under the age of three years of age who are experiencing developmental delays; have a diagnosed condition that has a high probability of resulting in a developmental delay; or are at risk of having substantial developmental delays as a result of biological risk factors if early intervention is not provided. There is no financial means test for participation, although the state has enacted a sliding copayment requirement for families with incomes over 351% of the federal poverty level.

No. of Clients Served (Snapshot: June 30, 2003): 9,234
No. of Clients Served in FY 2003 (Unduplicated for year): 18,934

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	7,078,239	7,078,239			
2002	7,866,344	7,866,344			
2003	7,550,697	7,550,697			
2004 ^	8,666,617	8,666,617			
2005 ^	8,666,617	8,666,617			

^ Appropriation.
* (Source of Federal funds) Individuals with Disabilities Education Act, Part C, grant funds
** (Name of Dedicated fund)
*** (Name of Local fund)

Funding Details: The First Steps system facilitates and coordinates federal, state, local, and private resources for the payment of early intervention services. Indiana First Steps directly manages federal IDEA, Part C, grant funds, Social Services Block Grant Early Intervention grant funds, state appropriations for early intervention, and a portion of federal and state TANF funding. Medicaid and the State Department of Health's Maternal and Child Health Program and the Children with Special Health Care Needs Program are utilized in the coordination of payments for early intervention services for eligible children.

Annual federal funding to the state is capped and is based on census figures of the number of children, birth through age two years, in the general population. States must assure that services are available for all eligible children and their families.

Program Name: Food Stamps Program

Indiana Code Cite:
Administrative Code Cite: 470 IAC 6
Account Number: 6000/150000; 2250/150000 (IMPACT Food Stamps); 6000/155400 (Program Integrity FNS State); 6000/156300 (EBT FNS State Exchange).

Administrative Division: Division of Family and Children
Advisory Board/Commission: DFC Advisory Council (IC 12-13-4)

Program Description -
Purpose: To raise the nutritional level of low-income households by supplementing their available food purchasing dollars.

Federal History/Requirements: Federal Food Security Act of 1965. The program is administered at the federal level by the U.S. Department of Agriculture's (USDA) Food and Nutrition Services. By federal requirements, sales taxes may not be charged on Food Stamp purchases, benefits are not taxable as income, and the benefits do not directly affect other assistance available to low-income households. Federal requirements also specify certain financial, employment- and training-related requirements, and categorical tests for eligibility.

State History/Requirements: The state's responsibility is primarily in application processing, eligibility determination, and benefit issuance.

Program Services: Food stamp benefits, now distributed through electronic benefit transfer (EBT). Food Stamp benefits can only be used for eligible food items and for plants or seed to grow food to eat. Benefit levels depend on household size, net monthly income, and inflation-indexed maximum monthly benefit levels. The benefit is calculated taking into account the household's expected gross income minus certain allowable deductions.

Service Providers/Agencies: Retail stores approved by the USDA.

Client Intake: Local Offices of Family and Children.

Program Clients -
Target Population: Low-income families.

Eligibility Requirements: TANF and SSI program beneficiaries are categorically eligible for Food Stamp benefits and require no further verification of income, resources, or residency status. In lieu of categorical eligibility, recipients must meet financial (both income and resource) and nonfinancial criteria.

Households without elderly or disabled members must meet a gross monthly income threshold equal to 130% of the federal poverty level. All households must then meet a net income threshold determined by subtracting certain deductions from gross income. The net income threshold is 100% of FPL. Recipients will then be eligible for Food Stamp benefits for an amount based on both household size and the household's net income relative to a maximum allotment schedule. (Households are expected to contribute a specific percentage of their income toward the household's food requirements. This amount is 30% of the household's net countable

income.)

Resource limits are $2,000 per household without elderly or disabled individuals and $3,000 per household with an elderly or disabled member. Exempt resources include the home, household goods and personal items, life insurance policies, and vehicles used for household transportation regardless of value.

Nonfinancial criteria include certain U.S. citizenship and Indiana residency requirements. Recipients must also register and cooperate with employment- and training-related requirements of the Indiana Manpower and Comprehensive Training (IMPACT) Program. Services and activities available through IMPACT include job search, job readiness, community work experience, job skills training, vocational education training, and academic training, along with supportive services, not to exceed $100 monthly, such as a clothing allowance ($100/year/person), vehicle repairs ($500/year/person), and transportation (actual cost of public transportation or $0.15/mile up to $200/month for private transportation). Providers are contracted through FSSA.

No. of Clients Served (Snapshot: June 30, 2003): 487,197
No. of Clients Served in FY 2003 (Unduplicated for year): 714,854 (federal fiscal year)

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	39,432,745	36,751,187	2,681,558		
2002	41,900,692	40,291,766	1,608,926		
2003	39,581,540	37,631,963	1,949,577		
2004 ^	39,306,762	36,817,341	2,489,421		
2005 ^	44,478,565	41,989,144	2,489,421		

^ Appropriation.
* (Source of Federal funds) USDA
** (Name of Dedicated fund)
*** (Name of Local fund)

Funding Details: The Food Stamp benefits are 100% federally funded. Administrative expenditures are shared 50/50 between the state and federal governments. The state also has liability for erroneous benefit determinations.

Basic expenditures for IMPACT services are also shared based on a prescribed formula, and expenditures for support services are at a 50% match.

Program Name: Foster Care Assistance Program

Indiana Code Cite:
Administrative Code Cite: 470 IAC 3-9
Account Number: 3500/185700; 3630/1510000 (ICWIS).

Administrative Division: Division of Family and Children
Advisory Board/Commission: DFC Advisory Council (IC 12-13-4)

Program Description -
Purpose: To prevent further child abuse or neglect and to provide treatment to children in need of out-of-home care by way of foster care and medical assistance.

Federal History/Requirements: Congress first enacted the Foster Care Program under Title IV-A of the Social Security Act in 1961. Subsequently, the Adoption Assistance and Child Welfare Act of 1980 created Title IV-E and moved the Foster Care Program from Title IV-A to Title IV-E.

State History/Requirements:

Program Services: The Title IV-E Foster Care Program is an entitlement program for children established to protect and care for abused, neglected, or delinquent children, as well as those children who are a danger to themselves, and who are removed from their homes. The program provides maintenance payments and Medicaid for children in foster care whose families were awarded or would have been eligible to receive AFDC payments (per July 16, 1996, recalculation) on the child's behalf in the month of removal. The program also provides funds for the training of foster parents and child welfare caseworkers and supervisors.

Indiana currently has a IV-E-FC Waiver Demonstration Project. The waiver allows the children to be served in their homes and still receive federal reimbursements.

Service Providers/Agencies: Local Division of Family and Children offices and probation offices.

Client Intake: Local Division of Family and Children offices and probation offices.

Program Clients -
Target Population: Children who are abused, neglected, delinquent, or a danger to themselves and for whom intervention is necessary to protect the child.

Eligibility Requirements: The program serves children who can no longer be properly cared for in their homes. A judge must rule that (1) the child should be removed from the home, (2) placement is in the child's best interest, (3) reasonable efforts have been made to prevent out-of-home placement, and (4) the IV-E agency has the responsibility for the placement and care of the child. In addition, periodically there must be (1) a judicial determination that the IV-E agency has made reasonable efforts toward finalizing an acceptable permanency plan, (2) the child must also be placed in a fully licensed IV-E eligible facility, and (3) the child must continue to meet AFDC income and resource requirements and that the child continues to be deprived in the home of his or her removal.

No. of Clients Served (Snapshot: June 30, 2003): 2,544
No. of Clients Served in FY 2003 (Unduplicated for year):

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	41,504,149	25,715,076			15,789,073
2002	41,530,905	25,765,773			15,765,131
2003	45,888,536	28,446,142			17,442,393
2004 ^	53,010,279	33,036,006			19,974,273
2005 ^	52,621,864	33,036,006			19,585,858

^ Appropriation.
* (Source of Federal funds) Title IV-E
** (Name of Dedicated fund)
*** (Name of Local fund) Local Family and Children's Fund

Funding Details: The federal financial participation for foster care assistance is the same as for Medicaid. Indiana's Medicaid reimbursement is currently about 62% federal and 38% state. The state share is funded through local property tax levies through each county's Family and Children Fund.

Program Name: Healthy Families Indiana

Indiana Code Cite:
Administrative Code Cite:
Account Number: 6000/185400

Administrative Division: Division of Family and Children
Advisory Board/Commission: DFC Advisory Council (IC 12-13-4)

Program Description -
Purpose: To prevent child abuse and neglect, childhood health problems, and juvenile delinquency.

Federal History/Requirements: NA

State History/Requirements: Healthy Families Indiana was launched in 1994.

Program Services: Healthy Families Indiana is a voluntary home visitation program designed to promote healthy families and healthy children through a variety of services, including child development, access to health care, and parent education. The program provides an infrastructure to identify family and community needs, empower families to access health and human services, and improve family functioning and health status. Program services include screening, assessment, referral, and home visiting services.

Service Providers/Agencies: Local Healthy Families offices.

Client Intake: Service entry points include Women and Infant Children (WIC) programs, health clinics, and local hospitals.

Program Clients -
Target Population: Families at risk of being overburdened or who are in need of services due to the following: substance abuse; unemployment; teenage parent(s); previous physical or sexual abuse; inadequate housing; and absence of or inadequate prenatal care.

Eligibility Requirements: Parents are screened using a validated, standardized instrument, the Maternal Record Screen. Families with positive screens are then assessed using a standard validated instrument, the Kempe Family Stress Checklist. Family assessment workers also use a standardized rating scale to score the checklist. Families with a score of 25 or higher are offered the opportunity to participate in a voluntary home visiting program tailored to their individual needs.

No. of Clients Served (Snapshot: June 30, 2003): 10,512
No. of Clients Served in FY 2003 (Unduplicated for year): 14,543

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	34,015,221	30,434,130	3,581,091		
2002	41,132,459	34,912,870	6,219,589		
2003	37,063,865	31,533,472	5,530,393		
2004 ^	40,934,085	34,793,972	6,140,113		
2005 ^	40,934,085	34,793,972	6,140,113		

^ Appropriation.
* (Source of Federal funds) TANF, SSBG, and Community Mental Health Services Block Grant.
** (Name of Dedicated fund)
*** (Name of Local fund)

Funding Details: Healthy Families is funded through a mix of federal and state funding sources. State General Funds are transferred from appropriations made for SSBG State Support, Title IV-B, Department of Health, Welfare Tax Replacement levy, and the Indiana Criminal Justice Institute.

Program Name: Hospital Care for the Indigent (HCI)

Indiana Code Cite: IC 12-16
Administrative Code Cite: 470 IAC 11.1
Account Number: 2900/180000

Administrative Division: Division of Family and Children
Advisory Board/Commission: DFC Advisory Council (IC 12-13-4)

Program Description -
Purpose: The program leverages available federal Medicaid funds to provide funding for uncompensated, hospital-based emergency care provided by physicians, emergency transportation providers, and hospitals for financially and medically eligible indigent patients requiring treatment for severe medical emergencies.

Federal History/Requirements: NA

State History/Requirements: The HCI Program is funded by a county property tax levy. Originally administered by the individual counties, the state assumed responsibility for program administration and centralized the claims payment process in 1987. The program discontinued processing individual hospital claims in 1995, converting payments to a Medicaid hospital add-on payment based on prior years' claims payment history in order to leverage federal Medicaid funds thereby increasing overall funding available to the hospitals. However, the Division continued to process and pay eligible claims from physicians and emergency transportation providers. In FY 2003, the program resumed eligibility determinations and hospital claims processing.

Program Services: Payment for hospital-based emergency medical care for indigent persons. Payments are for hospital, physician, and emergency transportation services.

Service Providers/Agencies: Hospitals, physicians, and licensed emergency transportation providers.

Client Intake: Applications may be initiated by either the patient or the hospital and are subsequently processed in the local Office of the Division of Family and Children and the HCI Unit in FSSA's Financial Management Section.

Program Clients -
Target Population: Indigent Indiana residents or visitors requiring emergency hospital care.

Eligibility Requirements: Nonfinancial Criteria: Indiana residents who are U.S. citizens or lawfully admitted aliens. However, inmates or patients of institutions of the Department of Correction, Department of Health, DDARS, and the DMHA are not eligible for the program.

Financial Criteria: Income and resources of the patient and other members of the household unit are considered in the financial eligibility determination. Eligibility is established on a monthly basis and is set biennially at 75% of the federal poverty level.

Medical Criteria: Hospital care must be necessitated by the onset of an emergency condition that manifested itself by symptoms of sufficient severity that the absence of immediate medical attention would probably

result in placing the person's life in jeopardy, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part. Once the medical condition of the patient is stable and is no longer considered to be life-threatening, the payments available under the HCI Program cease.

No. of Clients Served (Snapshot: June 30, 2003): NA
No. of Clients Served in FY 2003 (Unduplicated for year): 1,922

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	49,858,024				49,858,024
2002	50,060,346				50,060,346
2003	52,152,631				52,152,631
2004 ^	55,200,000				55,200,000
2005 ^	55,200,000				55,200,000

^ Appropriation.
* (Source of Federal funds)
** (Name of Dedicated fund)
*** (Name of Local fund) Local property tax levies are transferred to the State HCI Fund.

Funding Details: County HCI funds are transferred twice each year to the state HCI Fund. Funds calculated to be necessary for the payment of physicians and emergency transportation providers remain in and are paid from the state HCI Fund. The state HCI Fund is also the source of funding for the cost of program administration and claims processing expenses. These costs are not eligible for federal financial participation.

There is a formula used to determine the funds to be transferred for each county to the state Medicaid Indigent Care Trust Fund for the payment of hospital claims. This is the source of the funds necessary to provide the nonfederal share of the HCI Program attributable to Medicaid hospital add-on payments, approximately 38% of the total amount paid as add-on payments to the hospitals. The remaining 62% of the money transferred to the Medicaid Indigent Care Trust Fund is available first for any additional HCI hospital Medicaid add-on payments that are necessary as a result of shortages within individual counties of sufficient county HCI funds to reimburse total hospital claims attributable to the county.

An additional distribution formula provides at least $21.7 M for OMPP to use as the nonfederal match in the Medicaid program. Any funds remaining after all HCI hospital claims have been satisfied and the transfer to the state of $21.7 M has been made are available for distributions to hospitals as specified in statute. These distributions include reimbursements for disproportionate share hospitals (DSH), certain defined hospitals, and nongovernment-owned hospitals.

Program Name: Independent Living Program

Indiana Code Cite:
Administrative Code Cite:
Account Number: 3630/150500

Administrative Division: Division of Family and Children
Advisory Board/Commission: DFC Advisory Council (IC 12-13-4)

Program Description -
Purpose: To assist youth ages 14 to 21 in becoming self-sufficient as they leave foster or residential care. The foster and residential care categories include youth placed in foster homes, relative care, institutions, and group homes, as well as youth who have returned to their own home.

Federal History/Requirements: Independent Living Initiative funds were first made available to states under the Consolidated Omnibus Budget Reconciliation Act of 1985. Statutory authority for this program can be found in Title IV-E of the Social Security Act. This Act authorized funding for programs, services, and activities to assist eligible youth who were emancipating from foster care. The Independent Living Program (ILP) was initially authorized through amendments to Title IV-E of the Social Security Act. Guidelines were given to states, however, they were given leeway in creating their own ILP programs.

In 1999 Congress passed the Foster Care Independence Act of 1999 which was signed into law as the John H. Chaffee Foster Care Independence Program. The law (a) requires states to serve youth up to age 21and youth younger than 16 (previously services were restricted to youth between the ages of 16 and 18); (b) permits up to 30% of the allocation to be used for room and board for youth ages 18 to 21 who have left foster care; (c) allows states to provide Medicaid benefits to youth ages 18 to 21 who leave foster care; (d) increases youths' savings account limit from $1,000 to $10,000 so that youth in foster care can save and still be eligible for Title IV-E foster care benefits; (e) requires states to develop outcome measures to assess state performance; (f) requires states to use Title IV-E funds to train adoptive/foster care parents, workers in group homes, and case managers to help them address issues confronting adolescents preparing for independent living; and (g) authorizes additional funds for adoption incentive payments to states that have increased the number of children adopted from foster care.

State History/Requirements: See *Federal History*.

Program Services: The federal Independent Living Initiative of 1986 mandates that all youths in substitute care who are 16 years of age or older be assessed and provided with a service plan specifically addressing issues around transition to independent living. From this assessment of strengths and needs, a service plan is formulated utilizing input from the family case manager, service provider, caregiver, and the youths. Each case plan for youths must contain specific goals and content areas to be covered. Services, at a minimum, include (1) group or individual counseling to deal with independence issues, (2) training to prepare the youth for independence, (3) educational training, and (4) self-identity (birth certificate, medical history, listing of foster care placements, etc.).

Service Providers/Agencies: Local Offices of Family and Children.

Client Intake: Local Offices of Family and Children.

Program Clients -
Target Population: Children between ages of 14 and 21 who are being supervised by the state.

Eligibility Requirements: Eligibility criteria include the following: (1) youths must be age 14 to 21 and under the supervisory responsibility of the state; (2) foster care maintenance payments must currently be expended on their behalf; (3) the youth must be expected to be able to live independently eventually; (4) in order to qualify for independent living services, youths between the ages of 18 and 21 must (a) be full-time students in a secondary school or in an equivalent technical or vocational program; and (b) be expected to complete the program before reaching 21 years of age; (5) any youth may receive services for up to six months following discontinuance of foster care maintenance payments through Title IV-E-FC or county wardship funds; and (6) family case mangers are to review case plans and determine if the youths' permanency plans are realistic.

No. of Clients Served (Snapshot: June 30, 2003):
No. of Clients Served in FY 2003 (Unduplicated for year):

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	573,365	572,025	1,340		
2002	1,438,383	1,386,552	51,831		
2003	2,406,684	2,288,870	20,692	89,614	7,508
2004 ^	2,292,649	2,268,529	1,074		23,046
2005 ^	2,268,529	2,268,529			

^ Appropriation.
* (Source of Federal funds) Chafee funds
** (Name of Dedicated fund) FY 2003 total represents a trustee settlement from Vectron lawsuit.
*** (Name of Local fund) Local Family and Children Funds

Funding Details: Federal funding for the state is based on the number of children in foster care for the most recent fiscal year, with a minimum of $500,000 for every state. Indiana is required to contribute a 20% state match for Independent Living Program funds. Furthermore, Indiana can use only 30% of independent living funds for room and board for youths ages 18 to 21 who have left foster care. The state share is funded through local property tax levies through each county's Family and Children Fund. Dedicated funds are used to match the federal Chafee funds and are directed to a household utility education component of the Independent Living Program.

Program Name: Indiana Community-Based Child Abuse Prevention Program

Indiana Code Cite:
Administrative Code Cite:
Account Number: 6000/121100

Administrative Division: Division of Family and Children
Advisory Board/Commission: Indiana Community-Based Child Abuse Prevention Board

Program Description -
Purpose: To reduce the likelihood of child abuse and neglect.

Federal History/Requirements: The Indiana Community-Based Family Resource and Support (CBFRS) Grant Fund was established through Title II of the Child Abuse Prevention and Treatment Act (CAPTA) as amended (P.L. 104-235) and signed into law on October 3, 1996. Section 201 of CAPTA authorizes the award of funds to assist states for the purpose of (1) supporting state efforts to develop, operate, expand, and enhance a network of community-based, prevention-focused, family resource and support programs that coordinate resources among a range of public and private organizations and (2) fostering understanding, appreciation, and knowledge of diverse populations in order to effectively prevent and treat child abuse and neglect. This funding is available to any grantee whose proposal is judged to be competitive and meets other statutory requirements.

State History/Requirements: FSSA and the Community-Based Child Abuse Prevention Program have adopted the following goals as a means of fulfilling the overall mission of CBFRS: (1) to prevent child abuse and neglect; (2) provide respite care services; (3) improve families' access to formal and informal community resources that prevent child abuse and neglect; (4) provide a continuum of services to strengthen service delivery of family support and prevention programs via public-private partnerships; and (5) improve outcomes for children and families. In addition, healthy marriage and responsible fathering are supported.

Program Services: The program provides grant money to eligible applicants to (1) support community-based efforts to develop, operate, enhance, and, where appropriate, to network initiatives aimed at the prevention of child abuse and neglect; (2) support networks and coordinated resources and activities to strengthen and support families intended to reduce the likelihood of child abuse and neglect; and (3) foster understanding, appreciation, and knowledge of diverse populations in order to effectively prevent and treat child abuse and neglect.

Service Providers/Agencies: Bureau of Family Protection, Division of Family and Children.

Client Intake: NA

Program Clients -
Target Population: Ultimately, children subject to child abuse or neglect.

Eligibility Requirements: FSSA commences contracts with programs that (a) operate programs to prevent child abuse and neglect; (b) inform, educate, and train about child abuse and neglect; or (c) promote awareness of child abuse and neglect and how it can be prevented. FSSA and the CBFRS Board fund initial grants for community-based programs of local, regional, or statewide scope. CBFRS Fund resources are not utilized to replace existing financial support for proposed programs. FSSA and the CBFRS Board do not fund programs that are more than 30% subcontracted. Grant applications are not funded unless they meet the following minimum requirements: (1) the application receives an average of 75 points (out of 100) in the assessment process and (2) the applicant's program services safe haven education and homeless families. The minimum grant request is $5,000 per year.

No. of Clients Served (Snapshot: June 30, 2003):
No. of Clients Served in FY 2003 (Unduplicated for year):

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	568,670	568,670			
2002	852,581	852,581			
2003	602,607	602,607			
2004 ^	824,817	824,817			
2005 ^	824,817	824,817			

^ Appropriation.
* (Source of Federal funds) Title II of the Child Abuse Prevention and Treatment Act
** (Name of Dedicated fund)
*** (Name of Local fund)

Funding Details:

Program Name: Indiana Fathers & Families Initiative

Indiana Code Cite:
Administrative Code Cite:
Account Number: 6000/186100 (Restoring Fatherhood); 3510/150700 (Access and Visitation).

Administrative Division: Division of Family and Children
Advisory Board/Commission: DFC Advisory Council (IC 12-13-4)

Program Description -
Purpose: The purpose is to fund programs which provide intensive services to fathers that will enhance and increase their everyday involvement in the lives of their children. Although the whole family is an important part of this process, the primary focus is on strengthening the noncustodial father's role in the family.

Federal History/Requirements: Since 1997, with support from the U.S. Department of Health and Human Services, FSSA has provided funding through the Indiana Restoring Fatherhood Initiative and Access and Visitation grants to provide services to noncustodial fathers.

State History/Requirements: In 2000, the Indiana Fathers & Families Initiative was launched to combine these grant programs into one initiative which maximizes available resources to help communities help noncustodial fathers improve their children's lives by increasing child support collections and encouraging social and emotional as well as financial involvement. These grants were administered by IMPACT from SFY 2002 through SFY 2004. The 2005 grant will be administered by the Bureau of Child Support.

Program Services: Grant funding.

Service Providers/Agencies: Division of Family and Children

Client Intake: NA

Program Clients -
Target Population: Ultimately, children in single-parent families.

Eligibility Requirements: Funding is provided to public, private, and nonprofit organizations (including faith-based entities) and agencies that meet the following criteria: (1) credibility of the applicant agency or organization among the target population; (2) demonstrated ability to understand the dynamics of successful fatherhood programs; (3) presentation of a credible and practical plan to foster a father's emotional connection to, and financial support of, his children; and (4) in good standing with the Indiana Secretary of State.

No. of Clients Served (Snapshot: June 30, 2003): 363
No. of Clients Served in FY 2003 (Unduplicated for year): 1,325

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	1,356,387	1,272,760	83,627		
2002	1,214,267	1,144,054	70,213		
2003	463,553	472,473	(8,920)		
2004 ^	985,311	968,551	16,760		
2005 ^	1,017,711	997,711	20,000		

^ Appropriation.
* (Source of Federal funds)
** (Name of Dedicated fund)
*** (Name of Local fund)

Funding Details: The Access and Visitation portion of the grant is 90% federal funding with a 10% state match. The state match is transferred from the Child Support Administration appropriation.

The Restoring Fatherhood portion, which is funded with IMPACT TANF money, is 100% federally funded. Grants range from $15,000 to $50,000.

Program Name: Kids First Trust Fund

Indiana Code Cite: IC 12-17-16
Administrative Code Cite:
Account Number: 3500/186100

Administrative Division: Division of Family and Children
Advisory Board/Commission: The Indiana Kids First Trust Fund Board (IC 12-17-16-5)

Program Description -
Purpose: To prevent child abuse and neglect and to reduce infant mortality through competitively awarding grants to not-for-profit organizations.

Federal History/Requirements: NA

State History/Requirements: The Indiana Children's Trust Fund was established by the Indiana General Assembly in 1994. Legislation called for the design and issuance of a Children's Trust Fund license plate. "Kids First" license plates became available in January 1995. The Children's Trust Fund receives their monies from the sale of the "Kids First" license plates. This money is then granted annually to community programs throughout the state for projects addressing the prevention of child abuse and neglect. In July of 2003, the name of the Children's Trust Fund was changed to the Kids First Trust Fund.

Program Services: The Indiana Kids First Trust Fund Board provides annual grants to not-for-profit organizations for the purpose of (a) promoting public awareness of child abuse and neglect; (b) informing, educating, and training about child abuse and neglect; or (c) promoting public awareness of child abuse and neglect and how it can be prevented.

Service Providers/Agencies: In FY 2003, the Kids First Trust Fund provided funding to approximately 85 different agencies in the state.

Client Intake: NA

Program Clients -
Target Population: Ultimately, children who are subject to abuse and neglect.

Eligibility Requirements: The Indiana Kids First Trust Fund Board does not fund programs that are more than 30% subcontracted. The board uses the following guidelines when making funding decisions: (a) applications must score at least 75 out of 100 points; (b) agencies applying for continuation funds must have submitted timely and acceptable biannual reports in the last fiscal year; and (c) utilization rates for the previous year are reviewed to assess the need for funds.

No. of Clients Served (Snapshot: June 30, 2003):
No. of Clients Served in FY 2003 (Unduplicated for year):

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	4,247,967			4,247,967	
2002	16,446,582			16,446,582	
2003	18,438,601			18,438,601	
2004 ^	2,629,400			2,629,400	
2005 ^	2,629,400			2,629,400	

^ Appropriation.
* (Source of Federal funds)
** (Name of Dedicated fund) Kids First Trust Fund
*** (Name of Local fund)

Funding Details: All Kids First Trust Fund monies are received from the sale of the license plates. No federal dollars are provided to this program.

Program Name: Low-Income Home Energy Assistance Program (LIHEAP)

Indiana Code Cite: IC 12-14-11
Administrative Code Cite:
Account Number: 6000/131000

Administrative Division: Division of Family and Children
Advisory Board/Commission: DFC Advisory Council (IC 12-13-4)

Program Description -
Purpose: To provide assistance to low-income households to maintain utility service and conserve energy during the winter heating season.

Federal History/Requirements: The Energy Assistance Program is a federally funded block grant program. The Low-Income Home Energy Assistance Act of 1981, as amended, authorized the federal Department of Health and Human Services to make grants available to states to assist eligible households to meet the costs of home energy.

State History/Requirements: The program was known as Project SAFE in Indiana until 1989 when the name was changed to the Energy Assistance Program. State regulations mandate a moratorium on the shut-off of regulated utilities from December 1st through March 15th in any given year for program clients.

Program Services: The program provides financial assistance for maintaining utility service through providing a one-time energy payment. This is accomplished through either providing a credit to the eligible applicant's utility bill or providing payments to the bulk fuel distributor. The average heating benefit per household is about $245. During hot summer months, the Energy Assistance Program provides limited funds for the purchase of fans.

Service Providers/Agencies: Community Action Agencies.

Client Intake: Community Action Agencies.

Program Clients -
Target Population: Low-income households in need of assistance with their utility expenses.

Eligibility Requirements: Clients must have incomes at or below 125% of the federal poverty guidelines.

No. of Clients Served (Snapshot: June 30, 2003):
No. of Clients Served in FY 2003 (Unduplicated for year): Total households: 159,330 (Heating benefits: 116,698; Cooling benefits: 42,632)

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	61,670,253	60,118,603		1,551,650	
2002	49,662,445	41,249,334		8,413,111	
2003	59,171,876	59,171,876		0	
2004 ^	43,052,436	39,052,436		4,000,000	
2005 ^	42,052,436	39,052,436		3,000,000	

^ Appropriation.
* (Source of Federal funds) LIHEAP Grant
** (Name of Dedicated fund) Oil Overcharge funds
*** (Name of Local fund)

Funding Details: This program is directly linked to the Weatherization Assistance Program. Both programs are 100% funded through the same federal block grant.

Program Name: Nonrecurring Adoption Assistance

Indiana Code Cite: IC 31-19-26
Administrative Code Cite:
Account Number: 3630/150700

Administrative Division: Division of Family and Children
Advisory Board/Commission: DFC Advisory Council (IC 12-13-4)

Program Description -
Purpose: To promote the adoption of special needs children.

Federal History/Requirements: The Tax Reform Act of 1986 made provisions through Title IV-E of the Social Security Act for reimbursement of nonrecurring adoption expenses to parents adopting a special needs child.

State History/Requirements: See *Federal History*.

Program Services: Reimbursable expenses include adoption court costs, attorney fees, home study fees, travel for pre-placement visits with the child, and/or placement of the child. Maximum reimbursement is $1,500 per child per adoption.

Service Providers/Agencies: Local Division of Family and Children offices.

Client Intake: Local Division of Family and Children offices.

Program Clients -
Target Population: Families who adopt special needs children.

Eligibility Requirements: To be eligible for reimbursement, the child must be a special needs child who is age two years or older or is a member of a sibling group placed together in the same home and at least one child of the sibling group is at least age two years, and who has a medical condition or physical, mental, or emotional disability or the high risk of such condition or disability as diagnosed by a licensed physician that would make the child difficult to place. In addition, parental termination must occur and reasonable efforts must be made to place the child without assistance.

No. of Clients Served (Snapshot: June 30, 2003): 62
No. of Clients Served in FY 2003 (Unduplicated for year): 782

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	1,986,041	593,021			1,393,020
2002	1,242,105	599,160			642,944
2003	1,125,593	562,796			562,796
2004 ^	1,250,000	625,000			625,000
2005 ^	1,250,000	625,000			625,000

^ Appropriation.
* (Source of Federal funds) Title IV-E
** (Name of Dedicated fund)
*** (Name of Local fund) County Family and Children funds

Funding Details: The federal financial participation for adoption assistance is the same as for Medicaid. Indiana's Medicaid reimbursement is currently about 62% federal and 38% state. The state share is funded through local property tax levies through each county's Family and Children Fund.

Program Name: Project Safe Place

Indiana Code Cite: IC 12-13-5-2
Administrative Code Cite:
Account Number: 1000/121610

Administrative Division: Division of Family and Children
Advisory Board/Commission: DFC Advisory Council (IC 12-13-4)

Program Description -
Purpose: To locate and secure Safe Place sites for runaway children and youth in crisis and at risk of abuse or neglect.

Federal History/Requirements: NA

State History/Requirements: In 1988, the Indiana General Assembly funded the Project Safe Place program through Public Law 209-1988. The Indiana Youth Services Association coordinates the program with funds administered through the Division of Family and Children.

Program Services: The primary purpose of this program is to locate and secure Safe Place sites for runaway children and youth in crisis and at risk. Other components of the program include promoting public awareness, recruiting and supervising volunteers, maintaining client records, community networking, and direct services for youth such as transportation, shelter, counseling, and shelter care.

Service Providers/Agencies: Various Safe Place sites; Youth Service Bureaus.

Client Intake: There are currently over 700 Safe Place sites in the state. These sites are located in various venues. They are identified by a diamond-shaped sign in the window which contains the name Safe Place and has hands that are reaching out towards the youth. Staff at these locations are trained to speak with the youth. Following this interaction, the staff will contact the local Youth Service Bureau Safe Place sub-grantee, who will then send a volunteer to the location to transport the youth.

Program Clients -
Target Population: Runaway youth, abused children, and children in crisis.

Eligibility Requirements: There are no income or resource eligibility requirements.

No. of Clients Served (Snapshot: June 30, 2003): 2,021
*No. of Clients Served in FY 2003 (Unduplicated for year): 24,000**

* This number represents youth ages 18 and under who made contact and/or were provided shelter. Total actual contacts made for 2003 were over 39,000. A more precise unduplicated count is unknown.

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	118,314		118,314		
2002	129,755		129,755		
2003	125,192		125,192		
2004 ^	125,000		125,000		
2005 ^	125,000		125,000		

^ Appropriation.
* (Source of Federal funds)
** (Name of Dedicated fund)
*** (Name of Local fund)

Funding Details: Entirely state-funded.

Program Name: Refugee Cash Assistance

Indiana Code Cite: IC 12-14-2.5-1
Administrative Code Cite: 470 IAC 10.1
Account Number: 3640/150300

Administrative Division: Division of Family and Children
Advisory Board/Commission: DFC Advisory Council (IC 12-13-4)

Program Description -
Purpose: To provide financial assistance to refugee adults and families who have resettled in the United States in order to lead to the effective resettlement of refugees and to assist them in achieving economic self-sufficiency as quickly as possible.

Federal History/Requirements: Established by Title IV of the Immigration and Nationality Act and the Refugee Act of 1980, and administered at the federal level by the Administration for Children and Families of the U.S. Department of Health and Human Services.

State History/Requirements:

Program Services: Same levels of cash assistance as the TANF Program; Also includes eligibility for services under the Medicaid Program (See *Medicaid Category - Refugee Medical Assistance*).

Service Providers/Agencies: NA

Client Intake: Local Offices of Family and Children.

Program Clients -
Target Population: Low-income individuals who have recently immigrated to the United States.

Eligibility Requirements: Eligibility is dependent on the determination of immigration status and identification requirements by the U.S. Immigration and Naturalization Service and who are not eligible for cash assistance under the TANF Program. In addition, other nonfinancial requirements, income, and resources are considered and, other than residency factors, are the same as those under the TANF Program. Refugee Cash Assistance is limited to the first eight months after entry into the United States.

In addition, Transitional Medicaid Assistance is available to families discontinued from or denied cash assistance because of new or increased earnings. Transitional assistance is available only through the end of the eight-month eligibility period.

Immigrants who have entered the country illegally cannot qualify for basic Medicaid benefits but are eligible for emergency services (if they meet the other financial and nonfinancial criteria). The eligibility criteria is also different if they entered the country before or after 8/22/96.

No. of Clients Served (Snapshot: June 30, 2003): 71
No. of Clients Served in FY 2003 (Unduplicated for year): 119

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	328,550	328,550			
2002	302,717	302,717			
2003	335,444	335,444			
2004 ^	335,444	335,444			
2005 ^	335,444	335,444			

^ Appropriation.
* (Source of Federal funds) Title IV of the Immigration and Nationality Act.
** (Name of Dedicated fund)
*** (Name of Local fund)

Funding Details:

Program Name: Refugee Social Services

Indiana Code Cite:
Administrative Code Cite:
Account Number: 3640/150500

Administrative Division: Division of Family and Children
Advisory Board/Commission: DFC Advisory Council (IC 12-13-4)

Program Description -
Purpose: To help refugees achieve economic self-sufficiency and social adjustment within the shortest time possible following their arrival in the United States.

Federal History/Requirements: This program is overseen by the U.S. Office of Refugee Resettlement. The authorizing legislation can be found in 45 CFR Part 400 subpart I.

State History/Requirements:

Program Services: Catholic Charities provides employment services to refugees in Indiana, including counseling, job placement, and other social services related to training and employment.

Service Providers/Agencies: Catholic Charities.

Client Intake: Catholic Charities (through the United Social Services Organization)

Program Clients -
Target Population: Refugees

Eligibility Requirements: The Refugee Social Services program is limited to those individuals who meet immigration status and identification requirements as a refugee through the U.S. Immigration and Naturalization Service. This includes refugees, asylees, Cuban and Haitian entrants, certain Amerasians, and permanent residents who had held one of these statuses in the past. Services are limited to refugees who have been in the United States for 60 months or less.

No. of Clients Served (Snapshot: June 30, 2003): 74
No. of Clients Served in FY 2003 (Unduplicated for year): 119

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	114,295	114,295			
2002	68,014	68,014			
2003	194,998	194,998			
2004 ^	194,998	194,998			
2005 ^	194,998	194,998			

^ Appropriation.
* (Source of Federal funds) Refugee Social Services funds
** (Name of Dedicated fund)
*** (Name of Local fund)

Funding Details: The Refugee Social Services program is totally funded by the federal government.

Program Name: School-Age Child Care Project Fund

Indiana Code Cite: IC 12-17-12
Administrative Code Cite:
Account Number: 2160/149700

Administrative Division: Division of Family and Children
Advisory Board/Commission: DFC Advisory Council (IC 12-13-4)

Program Description -
Purpose: To provide care to school-age children between the ages of 5 and 15.

Federal History/Requirements: NA

State History/Requirements: The Indiana General Assembly established the School-Age Child Care Project Fund in 1985 for pilot programs for school-age child care with $270,000 appropriated over a two-year period from the state Cigarette Tax. In 1987, the General Assembly amended the legislation with an appropriation of $400,000 from the Cigarette Tax for each year until the legislation expired on June 30, 1993. In 1990, the General Assembly added a supplemental appropriation of $150,000 from the General Fund for a total of $550,000 per year. The General Assembly has continued to appropriate $550,000 from the General Fund each year to maintain the School-Age Child Care Project Fund.

Program Services: These funds purchase subsidized child care (slots) for children between the ages of 5 and 15 whose families meet the eligibility criteria and choose an eligible service provider. Child care is available for the period of time before and/or after the school day, during periods when school is not in session during the school year, and during periods when school is in session for students who are enrolled in a half-day kindergarten.

Service Providers/Agencies: Public school corporations and nonprofit 501(c)(3) organizations.

Client Intake: Financial and service eligibility is determined by the individual grantee agency.

Program Clients -
Target Population: School-age children.

Eligibility Requirements: Families with gross incomes up to 190% of the federal poverty level are eligible for assistance by the use of a sliding fee scale.

No. of Clients Served (Snapshot: June 30, 2003): 0 (fund doesn't serve children in summer)
No. of Clients Served in FY 2003 (Unduplicated for year): 1,235

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	585,965		585,965		
2002	557,681		557,681		
2003	476,579		476,579		
2004 ^	550,000		550,000		
2005 ^	550,000		550,000		

^ Appropriation.
* (Source of Federal funds)
** (Name of Dedicated fund)
*** (Name of Local fund)

Funding Details: The child's family pays to the grantee organization a fee for services based on the family's income. FSSA reimburses the grantee organization for the organization's expenses based on submitted claims.

Program Name: Section 8 Housing Choice Voucher Program

Indiana Code Cite: IC 12-13-5-2
Administrative Code Cite:
Account Number: 6360/100100

Administrative Division: Division of Family and Children
Advisory Board/Commission: DFC Advisory Council (IC 12-13-4)

Program Description -
Purpose: To provide housing assistance to low-income families.

Federal History/Requirements: Section 8 of the U.S. Housing Act of 1937 established policies and procedures for making housing assistance payments to owners on behalf of eligible families leasing existing housing. Public Housing Authorities (PHA) receive funding to administer the program. The Division of Family and Children administers the program in all areas of the state that are not under the jurisdiction of a local PHA.

State History/Requirements:

Program Services: Housing assistance payments to subsidize rent.

Service Providers/Agencies: Community Action Agencies; Public Housing Authorities; FSSA Division of Family and Children.

Client Intake: Community Action Agencies; Public Housing Authority; FSSA Division of Family and Children.

Program Clients -
Target Population: Low-income families.

Eligibility Requirements: Client eligibility is based on income (clients must be below 50% of the federal poverty level). As there is a significant waiting list, assistance is awarded on a first-come, first-served basis.

No. of Clients Served (Snapshot: June 30, 2003): 3,969
No. of Clients Served in FY 2003 (Unduplicated for year):

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	14,429,983	14,429,983			
2002	17,151,675	17,151,675			
2003	18,999,754	18,999,754			
2004 ^	19,135,177	19,135,177			
2005 ^	19,135,177	19,135,177			

^ Appropriation.
* (Source of Federal funds) U.S. Dept. Of Housing and Urban Development (HUD)
** (Name of Dedicated fund)
*** (Name of Local fund)

Funding Details: 100% federal funding.

Program Name: Section 8 Housing: Family Self-Sufficiency Program

Indiana Code Cite:
Administrative Code Cite:
Account Number: 6000/134100

Administrative Division: Division of Family and Children
Advisory Board/Commission: DFC Advisory Council (IC 12-13-4)

Program Description -
Purpose: To help eligible families achieve economic independence and self-sufficiency through coordination of the use of the Section 8 housing vouchers and public and private resources.

Federal History/Requirements: Section 8 of the U.S. Housing Act of 1937 established policies and procedures for making housing assistance payments to owners on behalf of eligible families leasing existing housing.

State History/Requirements:

Program Services: As a component of Section 8 services, the Family Self-Sufficiency Program utilizes public and private sector services and resources to help residents of subsidized housing achieve economic independence. By stabilizing housing and offering case management, this program permits families to invest their energy into other efforts, including education and job training, necessary to achieve self-sufficiency. Participants in the Family Self-Sufficiency (FSS) Program are provided with an opportunity to save for the future through the FSS Escrow Account. Increases in the family's contribution for rent, due to increases in earned income, are credited to an interest-bearing escrow account. After the family completes the program, the escrow balance can be withdrawn by the family to be used in any manner.

Service Providers/Agencies: Community Action Agencies.

Client Intake: Community Action Agencies.

Program Clients -
Target Population: Low-income families.

Eligibility Requirements: Families must be current Section 8 voucher holders.

No. of Clients Served (Snapshot: June 30, 2003):
No. of Clients Served in FY 2003 (Unduplicated for year):

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	107,920	107,920			
2002	106,461	106,461			
2003	131,121	131,121			
2004 ^	115,000	115,000			
2005 ^	115,000	115,000			

^ Appropriation.
* (Source of Federal funds) U.S. Dept. Of Housing and Urban Development (HUD)
** (Name of Dedicated fund)
*** (Name of Local fund)

Funding Details: Section 8 is a federally funded program. Agencies that administer the vouchers receive federal funds from the U.S. Department of Housing and Urban Development (HUD) to administer the voucher program. A housing subsidy is paid to the landlord directly by the PHA on behalf of the participating family.

Program Name: Sex Offense Services

Indiana Code Cite:
Administrative Code Cite:
Account Number: 3560/170100

Administrative Division: Division of Family and Children
Advisory Board/Commission: DFC Advisory Council (IC 12-13-4)

Program Description -
Purpose: To reduce rape and attempted rape of females aged 12 and older and reduce the incidence of maltreatment of children younger than age 18.

Federal History/Requirements: The Preventive Health and Health Services Block Grant was established in 2000 to help states achieve the federally established health objectives for the nation. Health objectives are the key priorities established annually by each federal administration.

State History/Requirements:

Program Services: Education; sex offense resource materials; training on child maltreatment; and development of a comprehensive system of sex offense services statewide.

Shelters and other social services agencies, especially rape crisis programs, provide services to Indiana females throughout the year. Funding is provided through the Preventive Health and Health Services Block Grant. Rape crisis centers and sexual assault coalitions are the recipients of these funds. Rape counseling, educational awareness, and training programs are presented to schools, community-based organizations, faith-based organizations, etc.

Service Providers/Agencies: Shelters and other social service agencies (especially rape crisis centers).

Client Intake: Shelters and other social service agencies (especially rape crisis centers).

Program Clients -
Target Population: Female victims of sexual offenses and maltreatment.

Eligibility Requirements: None.

No. of Clients Served (Snapshot: June 30, 2003): 31,695
No. of Clients Served in FY 2003 (Unduplicated for year): 31,695

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	166,908	166,908			
2002	151,824	151,824			
2003	101,170	101,170			
2004 ^	148,899	148,899			
2005 ^	148,899	148,899			

^ Appropriation.
* (Source of Federal funds) Preventive Health and Health Services Block Grant
** (Name of Dedicated fund)
*** (Name of Local fund)

Funding Details: Federal Preventive Health and Health Services Block Grant funds are applied for by the State Department of Health and then funneled through to the DFC.

Program Name: Shelter Plus Care - Division of Family and Children

Indiana Code Cite:
Administrative Code Cite:
Account Number: 6360/100300

Administrative Division: Division of Family and Children
Advisory Board/Commission: DFC Advisory Council (IC 12-13-4)

Program Description -
Purpose: To provide rental assistance and mental health services to certain homeless individuals.

Federal History/Requirements: The Shelter Plus Care program was established by the federal Stewart B. McKinney Homeless Assistance Act of 1987.

State History/Requirements: Indiana has secured Shelter Plus Care funding since its inception in 1987.

Program Services: The program is to provide rental assistance, coordinated with mental health, addictions, and/or other appropriate health and human services.

Service Providers/Agencies: Community Action of Northeast Indiana.

Client Intake: Community Action of Northeast Indiana.

Program Clients -
Target Population: Homeless mentally ill.

Eligibility Requirements: Services are restricted to individuals residing in Allen County and the counties surrounding Allen. The program serves homeless mentally ill, homeless mentally ill with co-occurring disorders, homeless with substance abuse issues, and/or homeless mentally ill who are either HIV positive or have AIDS or related illnesses.

No. of Clients Served (Snapshot: June 30, 2003):
No. of Clients Served in FY 2003 (Unduplicated for year): 58 families

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001					
2002					
2003	45,133	45,133			
2004 ^	118,157	118,157			
2005 ^	118,157	118,157			

^ Appropriation.
* (Source of Federal funds) Grant # 903002 HUD
** (Name of Dedicated fund)
*** (Name of Local fund)

Funding Details: The program is entirely federally funded.

Program Name: Special Needs Adoption Program (SNAP)

Indiana Code Cite: IC 31-19-26
Administrative Code Cite:
Account Number: 3500/180000

Administrative Division: Division of Family and Children
Advisory Board/Commission: DFC Advisory Council (IC 12-13-4)

Program Description -
Purpose: To increase the number of placements of children with special needs in adoptive homes; to provide casework services to enable a greater number of placements to result in successful finalized adoptions; and to recruit adoptive families, prepare them for the placement of a special needs child, and increase support for special needs adoptions in the community.

Federal History/Requirements: See *State History/Requirements*.

State History/Requirements: The Special Needs Adoption Program (SNAP) began as a pilot project supported by a federal grant in December 1984. In 1989, the General Assembly passed legislation to implement SNAP statewide, which occurred in 1990.

Program Services: Program services focus on providing pre-adoption and post-adoption support services for adoptive families and children.

Service Providers/Agencies: FSSA contracts with various agencies throughout the state to provide services under this program.

Client Intake: Families are referred for SNAP services through their local Division of Family and Children office or through contacting the SNAP hotline.

Program Clients -
Target Population: Families who adopt children with special needs.

Eligibility Requirements: Families and children must be pre-adoption candidates or have completed an adoption and be participating in post-adoption services. In addition, the youth must be a ward of the state for families to be eligible for services.

No. of Clients Served (Snapshot: June 30, 2003):
No. of Clients Served in FY 2003 (Unduplicated for year):

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	1,677,321	1,545,073	132,248		
2002	2,304,285	1,287,676	1,016,609		
2003	1,107,342	830,944	276,397		
2004 ^	1,571,130	785,565	785,565		
2005 ^	1,571,130	785,565	785,565		

^ Appropriation.
* (Source of Federal funds) Title IV-E
** (Name of Dedicated fund)
*** (Name of Local fund)

Funding Details:

Program Name: Social Services Block Grant (SSBG)

Indiana Code Cite: IC 12-13-10
Administrative Code Cite: 470 IAC 13-1
Account Number: 3520/102000

Administrative Division: Division of Family and Children
Advisory Board/Commission: DFC Advisory Council (IC 12-13-4)

Program Description -
Purpose: The purpose of the Social Services Block Grant is to fund a wide range of prevention and intervention services.

Federal History/Requirements: The Omnibus Budget Reconciliation Act of 1981 amended Title XX of the Social Security Act to establish the Social Services Block Grant Program.

State History/Requirements: The Indiana Department of Human Services originally administered these program funds. The FSSA Bureau of Family Protection and Preservation has had program responsibilities since 1992.

Program Services: The programs and services funded with these dollars include domestic violence, family planning, crisis nursery, youth services, and services to families and children.

Service Providers/Agencies: Local Division of Family and Children offices.

Client Intake: Local Division of Family and Children offices.

Program Clients -
Target Population: Persons in need of protective services or those who are at risk of abuse, neglect, or exploitation.

Eligibility Requirements: NA

No. of Clients Served (Snapshot: June 30, 2003): 29,547 in 2002
No. of Clients Served in FY 2003 (Unduplicated for year):

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	5,223,002	3,559,208	1,663,794		
2002	3,218,173	1,970,613	1,247,560		
2003	3,240,419	1,891,038	1,349,381		
2004 ^	3,318,218	866,257	2,451,961		
2005 ^	3,356,010	842,129	2,513,881		

^ Appropriation.
* (Source of Federal funds) Social Services Block Grant
** (Name of Dedicated fund)
*** (Name of Local fund)

Funding Details: The program is funded through a mixture of state and federal funds. The state General Fund money is a state supplement, which is not required as a match by the federal government. In FY 2005, the state appropriated $16.5 M to the Social Services Block Grant. This money will be divided among the various SSBG accounts depending on need and services provided. The amount of General Fund money varies by fiscal year.

This is also an administrative account. The funding listed does not reflect administration-only services.

Program Name: Social Services Block Grant - DDARS
Indiana Code Cite: IC 12-13-10
Administrative Code Cite: 470 IAC 13-1
Account Number: 3520/149700

Administrative Division: Division of Family and Children
Advisory Board/Commission: DFC Advisory Council (IC 12-13-4)

Program Description -
Purpose: To provide services to the elderly and disabled.

Federal History/Requirements: Congress established the Social Services Block Grant program with the Omnibus Budget Reconciliation Act of 1981, which amended Title XX of the Social Security Act.

State History/Requirements: The Department of Human Services originally administered these program funds. The Family and Social Services Administration, Bureau of Family Protection and Preservation, has had program responsibilities since 1992.

Program Services: The program provides:

(A) Vocational and habilitation training and therapies for adults with developmental disabilities and adults with physical disabilities. Services are meant to enhance the individuals' independence and skill development in major life areas. This portion of the program also provides diagnostic and evaluation services to individuals with developmental disabilities.

(B) Funding to Area Agencies on Aging for administration, case management, and client services for the elderly and disabled to receive services in their homes.

(C) Funding to five Community Agencies of the Deaf. The funding is for American Sign Language interpreters and case management to individuals who are deaf and hard of hearing.

Service Providers/Agencies: Vocational Rehabilitation offices; Area Agencies on Aging; Community Agencies of the Deaf.

Client Intake: Vocational Rehabilitation offices; Area Agencies on Aging; Community Agencies of the Deaf.

Program Clients -
Target Population: Adults with developmental disabilities and adults with physical disabilities; aging individuals; deaf and hard-of-hearing individuals.

Eligibility Requirements: (A) Individuals eligible for vocational rehabilitation services include (1) persons who have physical or mental impairment, (2) persons whose impairment constitutes or results in a substantial impediment to employment, (3) persons who can benefit in terms of an employment outcome from the provision of vocational rehabilitation services, and (4) persons who require services to help prepare for gainful employment.

Some services require individuals to be elderly with a significant disability or to be deaf or hard of hearing.

No. of Clients Served (Snapshot: June 30, 2003): 57,800 in 2002.
No. of Clients Served in FY 2003 (Unduplicated for year):

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	47,480,838	14,732,408	10,081,900	22,666,530	
2002	48,385,391	26,919,638	0	21,465,753	
2003	38,940,800	24,959,869	1,615,019	12,365,912	
2004 ^	48,181,985	24,210,896	23,971,089		
2005 ^	47,086,601	23,289,202	23,797,399		

^ Appropriation.
* (Source of Federal funds) Social Services Block Grant
** (Name of Dedicated fund) State share of child support funds
*** (Name of Local fund)

Funding Details: The program is funded through a mixture of state and federal funds. The General Fund money is a state supplement, which is not required as a match by the federal government. In FY 2005, the state appropriated $16.5 M to the Social Services Block Grant. This money will be divided among the various SSBG accounts depending on need and services provided. The amount of General Fund money varies by fiscal year.

Program Name: Social Services Block Grant - Department of Health

Indiana Code Cite: IC 12-13-10
Administrative Code Cite: 470 IAC 13-1
Account Number: 3520/140000

Administrative Division: Division of Family and Children
Advisory Board/Commission: DFC Advisory Council (IC 12-13-4)

Program Description -
Purpose: To provide administrative dollars to assist in funding care coordination services for individuals with HIV/AIDS.

Federal History/Requirements: Congress established the Social Services Block Grant program with the Omnibus Budget Reconciliation Act of 1981, which amended Title XX of the Social Security Act.

State History/Requirements: The Department of Human Services originally administered these program funds. The Family and Social Services Administration, Bureau of Family Protection and Preservation, has had program responsibilities since 1992.

Program Services: Funds for care coordination services for individuals with HIV/AIDS.

Service Providers/Agencies: State Department of Health

Client Intake: NA

Program Clients -
Target Population: Individuals and family and friends of individuals who are HIV/AIDS positive.

Eligibility Requirements: NA

No. of Clients Served (Snapshot: June 30, 2003):
No. of Clients Served in FY 2003 (Unduplicated for year): 653 for 2002

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	604,829	409,476	195,353		
2002	825,615	337,249	488,366		
2003	628,027	399,651	228,376		
2004 ^	561,206	206,667	354,539		
2005 ^	561,206	206,667	354,539		

^ Appropriation.
* (Source of Federal funds) Social Services Block Grant
** (Name of Dedicated fund)
*** (Name of Local fund)

Funding Details: The program is funded through a mixture of state and federal funds. The General Fund money is a state supplement, which is not required as a match by the federal government. In FY 2005, the state appropriated $16.5 M to the Social Services Block Grant. This money will be divided among the various SSBG accounts depending on need and services provided. The amount of General Fund money varies by fiscal year.

Program Name: Social Services Block Grant - Division of Mental Health and Addiction

Indiana Code Cite: IC 12-13-10
Administrative Code Cite: 470 IAC 13-1
Account Number: 3520/141000

Administrative Division: Division of Family and Children
Advisory Board/Commission: DFC Advisory Council (IC 12-13-4); DMHA Advisory Council (IC 12-21-4).

Program Description -
Purpose: To administer programs for the mentally ill.

Federal History/Requirements: Congress established the Social Services Block Grant program in the Omnibus Budget Reconciliation Act of 1981, which amended Title XX of the Social Security Act.

State History/Requirements: The Department of Human Services originally administered these program funds. FSSA, Bureau of Family Protection and Preservation, has had program responsibilities since 1992.

Program Services: Outpatient services; detoxification services; day treatment services; and diagnostic services.

Service Providers/Agencies: Managed Care Providers.

Client Intake: Managed Care Providers.

Program Clients -
Target Population: The target population for this program has changed over the years. For the past two years, the program has served (a) adults with serious mental illnesses; (b) adults with serious mental illnesses and a substance abuse disorder; and (c) seriously emotionally disturbed children.

Prior to this, the program served (a) adults with serious mental illnesses; (b) seriously emotionally disturbed children; and (c) persons with chronic addictions.

Eligibility Requirements: Funding for the program is added to the Hoosier Assurance Plan (HAP) pool for both mental health and addiction services. To qualify for the HAP, individuals must (a) have a mental health or addiction diagnosis; (b) have some level of disability; and (c) be below 200% of the federal poverty level. The HAP is not an entitlement program and is limited by the amount of funds available in the pool.

No. of Clients Served (Snapshot: June 30, 2003): 3,630 for 2002
No. of Clients Served in FY 2003 (Unduplicated for year):

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	5,929,736	5,929,736			
2002	6,908,515	6,908,515			
2003	5,805,211	5,805,211			
2004 ^	5,215,466	5,215,466			
2005 ^	5,175,272	5,175,272			

^ Appropriation.
* (Source of Federal funds) Social Services Block Grant
** (Name of Dedicated fund)
*** (Name of Local fund)

Funding Details: Federal grant.

Program Name: Social Services Block Grant - Division Of Family and Children

Indiana Code Cite: IC 12-13-10
Administrative Code Cite: 470 IAC 13-1
Account Number: 3520/150000

Administrative Division: Division of Family and Children
Advisory Board/Commission: DFC Advisory Council (IC 12-13-4)

Program Description -
Purpose: To provide administrative dollars to support child protection staff costs for local offices of the Division of Family and Children. The local offices, in turn, administer local programs to respond to allegations of abuse and neglect.

Federal History/Requirements: Congress established the Social Services Block Grant program when the Omnibus Budget Reconciliation Act of 1981 amended Title XX of the Social Security Act.

State History/Requirements: The Department of Human Services originally administered these program funds. The Bureau of Family Protection and Preservation, FSSA, has had program responsibilities since 1992.

Program Services: Support for administrative costs.

Service Providers/Agencies: NA

Client Intake: NA

Program Clients -
Target Population: Ultimately, children who are victims of abuse and neglect; Special needs children.

Eligibility Requirements: NA

No. of Clients Served (Snapshot: June 30, 2003): Children who are victims of abuse and neglect (61,639 in 2002); Early intervention for special needs children (5,069 in 2002).
No. of Clients Served in FY 2003 (Unduplicated for year):

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	3,035,161		3,035,151		
2002	10,968,640		10,968,640		
2003	28,789,123	8,894,891	12,358,186	7,536,046	
2004 ^	31,105,715	10,373,954	20,731,761		
2005 ^	27,819,267	8,562,720	19,256,547		

^ Appropriation.
* (Source of Federal funds) Social Services Block Grant
** (Name of Dedicated fund) State share of child support funds.
*** (Name of Local fund)

Funding Details: The program is funded through a mixture of state and federal funds. The General Fund money is a state supplement, which is not required as a match by the federal government. In FY 2005, the state appropriated $16.5 M to the Social Services Block Grant. This money will be divided among the various SSBG accounts depending on need and services provided. The amount of General Fund money varies by fiscal year.

This account also transfers funds to many other accounts within the 5 state agencies using SSBG funds. The transferred funds are not included above.

Program Name: Social Services Block Grant - Department of Corrections

Indiana Code Cite: IC 12-13-10
Administrative Code Cite: 470 IAC 13-1
Account Number: 3520/161500

Administrative Division: Division of Family and Children
Advisory Board/Commission: DFC Advisory Council (IC 21-13-4)

Program Description -
Purpose: To provide funding to the Department of Corrections to help fund community-based work release and juvenile detention centers.

Federal History/Requirements: Congress established the Social Services Block Grant program in the Omnibus Budget Reconciliation Act of 1981, which amended Title XX of the Social Security Act.

State History/Requirements: The Department of Human Services originally administered these program funds. The FSSA, Bureau of Family Protection and Preservation, has had program responsibilities since 1992.

Program Services: NA

Service Providers/Agencies: Department of Corrections.

Client Intake: NA

Program Clients -
Target Population: Ultimately, offenders in the Department of Corrections.

Eligibility Requirements: NA

No. of Clients Served (Snapshot: June 30, 2003): 1,118 in 2002 (435 children and 683 adults).
No. of Clients Served in FY 2003 (Unduplicated for year):

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	3,900,818	2,640,904	1,259,914		
2002	3,900,818	2,640,904	1,259,914		
2003	373,868	1,279,688	1,562,607	896,385	
2004 ^	2,927,376	1,219,688	1,707,688		
2005 ^	2,827,545	1,119,558	1,707,687		

^ Appropriation.
* (Source of Federal funds) Social Services Block Grant
** (Name of Dedicated fund) State share of child support funds.
*** (Name of Local fund)

Funding Details: The program is funded through a mixture of state and federal funds. The General Fund money is a state supplement, which is not required as a match by the federal government. In FY 2005, the state appropriated $16.5 M to the Social Services Block Grant. This money will be divided among the various SSBG accounts depending on need and services provided. The amount of General Fund money varies by fiscal year.

Program Name: Temporary Assistance for Needy Families (TANF)

Indiana Code Cite: IC 12-14
Administrative Code Cite: 470 IAC 10.1 and 470 IAC 10.2
Account Number: 3500/185200 (TANF Assistance); 3500/185500 (TANF Administration); 1000/105060 (TANF Burials).

Administrative Division: Division of Family and Children
Advisory Board/Commission: DFC Advisory Council (IC 12-13-4)

Program Description -
Purpose: To provide time-limited financial assistance and supportive services to low-income families with a child under the age of 18 years of age who is deprived of the parental support of one or more parents by reason of death, absence from the home, unemployment, or physical or mental incapacity.

Federal History/Requirements: The TANF Program was established by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 as a welfare reform initiative to replace the Aid to Families with Dependent Children (AFDC) Program, originally established in the Social Security Act of 1935. The former AFDC Program was an entitlement program where the federal government reimbursed the states at an annually determined reimbursement rate on all expenditures, and AFDC eligibility automatically resulted in eligibility for the Medicaid Program. The assistance provisions for families with an unemployed parent (TANF-UP) were adopted in Indiana in 1990 when it became required by the federal Family Support Act of 1988.

The federal share for the TANF Program is now provided through a capped block grant allocation with a state maintenance-of-effort (MOE) requirement, and eligibility for the Medicaid Program has been partially de-linked from TANF eligibility. TANF block grant allocations are determined on a formula basis with increased flexibility for their use by the states. States may use TANF funds in any "manner reasonably calculated to accomplish the purpose of TANF.

State History/Requirements: Originally established in Indiana by the Welfare Act of 1936 as the AFDC Program.

Program Services: TANF services can include a monthly cash assistance grant, eligibility for the Medicaid Program, and access to other programs and services designed to help recipients achieve economic self-sufficiency.

The maximum monthly cash grant (or standard of need) as provided in statute is $139 for a family size of one, $229 for a family size of two, and an additional $58.50 for each additional child. The statutory maximum was last changed in 1987. Cash assistance is limited to 24 months for parents and caretakers. A 60-month limit on assistance exists for the entire assistance group.

TANF recipients, as a condition of participation, must sign up for the Indiana Manpower Placement and Comprehensive Training (IMPACT) Program. Services and activities available through IMPACT include job search, job readiness, community work experience, job skills training, vocational education training, and academic training, along with supportive services such as a clothing allowance ($300/year/person), vehicle repairs ($750/year/person), and transportation (actual cost of public transportation or $0.15/mile up to

$200/month for private transportation).

Current TANF recipients may be referred to the county voucher agent for priority child care services as long as the child care is necessary to permit the recipient to participate in employment or IMPACT-approved educational or training activities that are part of the individual's self-sufficiency plan. The self-sufficiency plan is developed jointly by the recipient and the IMPACT worker and specifies, in writing, the activities required of the client and the services required of the agency during the 24-month period.

Service Providers/Agencies: N/A

Client Intake: Local Office of Family and Children.

Program Clients -
Target Population: Certain low-income families with children under the age of 18.

Eligibility Requirements: A family must meet financial and nonfinancial criteria. Financial criteria include both income and resource requirements. A family's gross income must be less than 185% of the total standard of need according to family size as established in state statute. At the time of initial application, after certain exemptions and disregards are deducted, the net (countable) income must be less than 90% of the standard of need (approximately 22% of the federal poverty level). Subsequent to application, income is limited to 100% of the federal poverty level in order to retain eligibility. [The determination of countable income begins with a family's gross income. An amount equal to $90 of earnings per participating member is disregarded each month, with an additional $30 disregarded for a period of 12 months following the onset of earnings and an additional 1/3 of the remainder disregarded for the first 4 months after the onset of earnings.]

At the time of initial application, total resources must be less than $1,000. Certain resources are exempt from consideration, such as the family's residence. Subsequent to application, total countable resources are limited to $1,500 in order to retain eligibility.

TANF recipients must agree to and sign a 12-point Personal Responsibility Agreement. Nonexempt recipients must also register for the IMPACT Program and cooperate with the Child Support Enforcement Program.

Generally, the TANF household must be deprived of the parental support of one or more parents by reason of death, absence from the home, or physical or mental incapacity. However, in addition, two-parent families that are unemployed or underemployed may also be eligible (referred to as TANF-UP). The parent with the most earnings in the past 24 months must have (1) been recently unemployed or employed fewer than 100 hours a month; (2) earned at least $50 in 6 calendar quarters during a 13-quarter period; (3) not recently turned down a job offer; and (4) not refused to apply for or accept unemployment insurance.

No. of Clients Served (Snapshot: June 30, 2003): 162,312
No. of Clients Served in FY 2003 (Unduplicated for year): 249,325

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	162,743,201	106,151,686	43,975,053	12,616,462	
2002	192,944,994	144,283,710	35,529,063	13,132,221	
2003	193,550,365	152,429,135	28,521,230	12,600,000	
2004 ^	197,517,032	153,559,089	31,357,943	12,600,000	
2005 ^	197,517,032	153,559,089	31,357,943	12,600,000	

^ Appropriation.
* (Source of Federal funds) TANF Block Grant
** (Name of Dedicated fund) Welfare Tax Levy Replacement Fund
*** (Name of Local fund)

Funding Details: The TANF program is cost-shared with the federal government. The capped federal contribution is provided to the state through a block grant of about $206 M annually.

States are required to meet a specified maintenance-of-effort level in order to qualify for the block grant. Indiana's annual TANF MOE obligation is approximately $121 M. FSSA meets this obligation by expending state funds appropriated for this purpose and by claiming expenditures from other state agencies that meet the purposes and requirements of eligible TANF MOE expenditures.

Program Name: Temporary Emergency Food Assistance Program (TEFAP)

Indiana Code Cite: IC 12-13-5-2
Administrative Code Cite:
Account Number: 6000/102900; 3630/1510000 (ICWIS)

Administrative Division: Division of Family and Children
Advisory Board/Commission: DFC Advisory Council (IC 12-13-4)

Program Description -
Purpose: To provide food and prevent hunger throughout the state.

Federal History/Requirements: The federal Emergency Food Assistance Act of 1983 was the original authorization for the program that distributed surplus farm products. In 1988, the Hunger Prevention Act established the Soup Kitchen/Food Bank Program to purchase products to be used primarily in soup kitchens and homeless shelters.

State History/Requirements: Since 1989, when the Soup Kitchen/Food Bank Program was established, the program has been changing nationally. Indiana has modified its program to reflect changes and to best serve the needs of low-income families.

Program Services: TEFAP coordinates the distribution of food products purchased for food banks, soup kitchens, and homeless shelters throughout the state.

Service Providers/Agencies: The program makes quarterly distributions through 11 distribution recipient agencies that then distribute commodities from both federal programs to all food pantries, shelters, and soup kitchens in their geographic areas. The recipient agencies are either food banks or Community Action Agencies. TEFAP also distributes commodities seasonally to providers that serve migrant farm workers.

Client Intake: Individuals access food products or meals at food pantries and soup kitchens.

Program Clients -
Target Population: Low-income households, homeless individuals and families, and migrant farm workers in need of food.

Eligibility Requirements: Households with incomes at or below 165% of the federal poverty guidelines are eligible to receive products from food pantries. Food pantry clients must sign statements declaring eligibility. Soup kitchens are required to provide meals to all persons who are hungry.

No. of Clients Served (Snapshot: June 30, 2003): 20,000 households, 240,000 meals
No. of Clients Served in FY 2003 (Unduplicated for year):

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	836,318	757,069	79,248		
2002	1,164,746	1,048,262	116,484		
2003	1,042,147	958,230	83,917		
2004 ^	1,188,604	1,042,604	146,000		
2005 ^	1,188,604	1,042,604	146,000		

^ Appropriation.
* (Source of Federal funds) USDA (220242)
** (Name of Dedicated fund)
*** (Name of Local fund)

Funding Details: Each state receives administrative funds based on the state's unemployment figures and the number of persons below the poverty level, as compared to national averages. The state supplies the required state matching funds for administration through the TEFAP appropriation. Food products are supplied by the U.S. Department of Agriculture. The amount of food products varies from year to year.

Program Name: Title IV-D: Child Support Program

Indiana Code Cite: IC 12-17-2-1
Administrative Code Cite: 470 IAC 2-5
Account Number: 3510/150000; 3510/150200 (Distribution); 3510/150900 (IV-D-D Pilot EBT); 3510/151100 (Collections); 3510/151200 (Distributions); 3510/150500 (ISETS).

Administrative Division: Division of Family and Children
Advisory Board/Commission: DFC Advisory Council (IC 12-13-4)

Program Description -
Purpose: To ensure the right of every child to the care and support of both parents, when one or both parents are absent from the home.

Federal History/Requirements: Title IV-D (Child Support and Establishment of Paternity) of the federal Social Security Act was enacted in 1975 and required that a Child Support Program be established in every state that chose to participate in Title IV-A programs. Federal law also required all states to have a central information system in place statewide by October 1, 1997. Indiana's information system is known as the Indiana Support Enforcement Tracking System (ISETS).

State History/Requirements: ISETS is a federally mandated, online, automated, and integrated case management and case tracking software system. It supports clerks and prosecutors in all 92 counties to record, track, collect, and disburse court-ordered support payments. In addition, the ISETS integrates with other systems, agencies, and employers to enhance locate and payment efforts. These include (a) driver's license suspensions, (b) employer wage garnishment, (c) unemployment compensation benefit garnishment, (d) federal and state tax offset collections, (e) professional and recreational license suspensions, (f) credit bureau reporting; (g) new hire reporting, and (h) financial institution data match.

Pursuant to the federal statutory requirements of the Family Support Act of 1998 and the PRWORA of 1996, states were required to have a statewide child support computer system or face fiscal penalties to the public assistance federal grant. The implementation of ISETS began in May 1994 with Tippecanoe County and ended in November 1999 with Marion County. In July 2002, Indiana achieved federal certification making it the sixteenth state in the nation to be certified.

Program Services: The Child Support Program is responsible to either the custodial parent or noncustodial parent for appropriate establishment and enforcement of support and for fair and accurate accounting of their child support obligation. The program provides the following services: establishment of paternity, establishment of support orders, enforcement of existing support orders, and location of absent parents.

Service Providers/Agencies: In Indiana, the Child Support Bureau within FSSA enters into cooperative agreements with the prosecutors in all counties to provide child support enforcement services. The Bureau also enters into cooperative agreements with the clerks of the circuit courts in all counties for the collection and processing of support payments. The Bureau also has entered into cooperative agreements with several courts to establish special hearing officers specifically to adjudicate Title IV-D cases.

If the custodial parent has never received TANF assistance (Title IV-A), payments received are forwarded directly to the individual. However, if the individual has or is receiving TANF assistance, payments are

forwarded in the following manner: (1) payment to the recipient of the court-ordered support obligation for the month that the support payment is received; (2) payment to the recipient of the support payment arrearages that have accrued during any period when the recipient was not a member of a household receiving TANF assistance; (3) payment to the state in an amount not to exceed the lesser of (A) the total amount of past public assistance paid to the recipient's family or (B) the amount assigned to the state by the recipient; (4) payment of support payment arrearages owed to the recipient; and (5) payment of any other support payments payable to the recipient.

Client Intake: County prosecutors; County Office of Family and Children.

Program Clients -
Target Population: Custodial and noncustodial parents.

Eligibility Requirements: Parties receiving TANF or Medicaid for themselves and their children are required to pursue child support services (the Title IV-D program). Parents who do not receive TANF or Medicaid for their children are eligible to receive services as well. However, a one time fee of $25 is required for an applicant who is neither receiving TANF or children's Medicaid.

No. of Clients Served (Snapshot: June 30, 2003):
No. of Clients Served in FY 2003 (Unduplicated for year): 301,473

Program Funding -

Program Expenditures

SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	53,717,316	40,777,854	11,014,261	1,925,201	
2002	57,204,649	43,751,327	9,388,098	4,065,224	
2003	47,421,089	38,409,120	6,511,969	2,500,000	
2004 ^	48,186,486	37,722,364	5,884,818	4,579,304	
2005 ^	46,736,486	36,788,464	5,884,818	4,063,204	

^ Appropriation.
* (Source of Federal funds) IV-D Federal
** (Name of Dedicated fund) Money transferred from state earned account (3570-170200)
*** (Name of Local fund)

Funding Details: The state receives 66% federal reimbursement for state administrative costs for the IV-D program as authorized and allowed by federal regulations.

Program Name: Weatherization Assistance Program

Indiana Code Cite: IC 4-12-1-14.2
Administrative Code Cite:
Account Number: 6000/104100; 6000/106400

Administrative Division: Division of Family and Children
Advisory Board/Commission: DFC Advisory Council (IC 12-13-4)

Program Description -
Purpose: To enable low-income individuals to reduce their heating and energy expenditures by installing energy conservation measures in their home.

Federal History/Requirements: The federal Energy Assistance Program is authorized by 42 U.S.C. 8621. The U.S. Department of Energy T&TA Program is authorized under federal statute U.S.C. 6861 et seq.

State History/Requirements: This program is directly linked to the Low-Income Home Energy Assistance Program (LIHEAP). Both programs are funded through the same federal block grant, however, the Weatherization Program receives additional funding from the Department of Energy.

Program Services: The Weatherization Assistance Program reduces energy consumption for low-income individuals. This program has two components:

(1) The Weatherization Assistance Program (6000/104100) aids low-income homeowners and renters in reducing their heating and energy expenditures, particularly those who are elderly, disabled, handicapped, or who have children. In addition, the program tests combustion appliances for carbon monoxide emissions, and repairs or replaces combustion appliances that are improperly working.

(2) The Weatherization Assistance T&TA Program (6000/106400) is established to train field staff and contractors to test, repair, or replace combustion appliances and for weatherizing homes under the Weatherization Assistance Program. WAP T&TA ensures the integrity of the work completed, as well as ensuring that the weatherization measures that are installed realize energy savings and take into account the health and safety of the families.

Service Providers/Agencies: Community Action Agencies (direct services); Division of Family and Children (training).

Client Intake: Community Action Agencies.

Program Clients -
Target Population: Low-income individuals and families.

Eligibility Requirements: Households with income at or below 125% of the federal poverty guidelines are eligible for services.

No. of Clients Served (Snapshot: June 30, 2003):
No. of Clients Served in FY 2003 (Unduplicated for year): 4,474 individuals; 1,924 households

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	3,585,163	3,585,163		0	
2002	3,927,871	3,867,871		60,000	
2003	5,406,783	5,406,783		0	
2004 ^	6,212,115	6,212,115		0	
2005 ^	6,212,115	6,212,115		0	

^ Appropriation.
* (Source of Federal funds) U.S. Dept. Of Energy
** (Name of Dedicated fund) Weatherization Assistance Program
*** (Name of Local fund)

Funding Details: 100% federally funded.

Program Name: Youth Service Bureau

Indiana Code Cite: IC 12-14-24
Administrative Code Cite:
Account Number: 1000/120360

Administrative Division: Division of Family and Children
Advisory Board/Commission: DFC Advisory Council (IC 12-13-4)

Program Description -
Purpose: To support community-based programs which aid in the early identification and prevention of juvenile delinquency and homelessness.

Federal History/Requirements: NA

State History/Requirements: Originally funded by the federal government in the late 1960s, Youth Service Bureaus began receiving state dollars in 1985.

Program Services: Each of Indiana's Youth Service Bureaus tailors its programs to the needs of its own particular community. Services are provided to youth in the areas of transitional living, alternative education, and job preparedness. All sites provide information and referral services and community education programs focused on youth concerns. Programs can vary widely, but each bureau fulfills four core roles: advocacy, delinquency prevention, community education, and information and referral. Guidelines for certification of bureaus are established by the Division of Family and Children and certified through the Indiana Youth Services Association.

Service Providers/Agencies: State-certified Youth Service Bureaus, of which there are currently 35.

Client Intake: Youth Service Bureaus.

Program Clients -
Target Population: Youth at risk of juvenile delinquency or homelessness.

Eligibility Requirements: Clients must be age 18 or below.

No. of Clients Served (Snapshot: June 30, 2003): 4,335*
No. of Clients Served in FY 2003 (Unduplicated for year): *52,017***

* 18 and under only: does not count contact with parents or information and referral services.
** A precise unduplicated count is unknown due to the nature of the services delivered.

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	1,123,689		1,123,689		
2002	1,252,788		1,252,788		
2003	1,128,092		1,128,092		
2004 ^	1,250,000		1,250,000		
2005 ^	1,250,000		1,250,000		

^ Appropriation.
* (Source of Federal funds)
** (Name of Dedicated fund)
*** (Name of Local fund)

Funding Details: The program provides funding for each certified Youth Service Bureau in the amount of $35,000 annually.

Division of Mental Health and Addictions

Program Name: Alcohol and Drug Addiction Treatment Program

Indiana Code Cite: IC 12-23-1
Administrative Code Cite: 440 IAC 2-2-1
Account Number: 1000/124130

Administrative Division: Division of Mental Health and Addiction
Advisory Board/Commission: DMHA Advisory Council (IC 12-21-4)

Program Description -
Purpose: To provide partial support to substance abuse treatment services through the managed care provider network and community agencies.

Federal History/Requirements: NA

State History/Requirements: Indiana began funding the Alcohol and Drug Addiction Treatment Program in the 1970s.

Program Services: A continuum of care is offered, which includes the following:
(A) Individualized treatment planning to increase patient coping skills and symptom management, which may include any combination of services listed here.
(B) 24-hour-a-day crisis intervention.
(C) Case management to fulfill individual patient needs, including assertive case management when indicated.
(D) Outpatient services, including the following:
    (i) Intensive outpatient services.
    (ii) Substance abuse services.
    (iii) Counseling and treatment.
(E) Acute stabilization services, including detoxification services.
(F) Residential services.
(G) Day treatment.
(H) Family support services.
(I) Medication evaluation and monitoring.
(J) Services to prevent unnecessary and inappropriate treatment and hospitalization and the deprivation of a person's liberty.

Service Providers/Agencies: In general these providers are located at community mental health centers and certified free-standing addiction treatment providers.

Client Intake: Substance abuse treatment facilities.

Program Clients -
Target Population: Individuals who have a chronic addiction.

Eligibility Requirements: Individuals must be chronically addicted, have family incomes at or below 200% of the federal poverty level, and meet the following requirements:
(1) The individual may be any age.

(2) The individual has a disorder listed as a substance-related disorder in the Diagnostic and Statistical Manual of Mental Disorders, 4th edition, published by the American Psychiatric Association (DSM IV).
(3) The individual experiences significant functional impairments in two of the following areas:
(A) Activities of daily living.
(B) Interpersonal functioning.
(C) Ability to live without recurrent use of chemicals.
(D) Psychological functioning.
(4) The duration of the addiction has been in excess of 12 months. However, individuals who have experienced amnesiac episodes (blackouts), or have experienced convulsions or other serious medical consequences of withdrawal from a chemical of abuse, or who display significant dangerousness as a result of chemical use, do not have to meet the duration requirement.

No. of Clients Served (Snapshot: June 30, 2003): 14,856
No. of Clients Served in FY 2003 (Unduplicated for year): 25,671

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	5,500,000		5,500,000		
2002	5,499,625		5,499,625		
2003	5,937,864		5,937,864		
2004 ^	5,406,000		5,406,000		
2005 ^	5,406,000		5,406,000		

^ Appropriation.
* (Source of Federal funds)
** (Name of Dedicated fund)
*** (Name of Local fund)

Funding Details: Entirely state-funded.

Program Name: Circle Around Families

Indiana Code Cite:
Administrative Code Cite:
Account Number: 6000/188800

Administrative Division: Division of Mental Health and Addiction
Advisory Board/Commission: DMHA Advisory Council (IC 12-21-4)

Program Description -
Purpose: To implement, enhance, and evaluate local community-based systems of care for children with serious emotional disturbances and their families, with a strong emphasis on wrap-around services and blended funding that are managed by local administrative organizations.

Federal History/Requirements: The program is funded through a six-year federal grant. The grant has a small state match.

State History/Requirements: Circle Around Families (CAF), Child Mental Health Initiative (CMHI) for Northwest Indiana, is a system of care development initiatives targeted at individuals residing in the East Chicago, Gary, and Hammond areas. Enrollment of families in the program began in November 2000.

Program Services: Wrap-around facilitation includes activities typically performed by a case manager with the addition of other responsibilities, including eligibility determination activities, managing a budget for services, providing technical assistance to others involved in the child's care, assuring that everyone who has an impact on success of the plan of care is appropriately involved, and that systematic barriers to services are addressed and resolved. Other services include respite care, family support and training, and independent skills training.

Service Providers/Agencies: Circle Around Families.

Client Intake: Circle Around Families.

Program Clients -
Target Population: Children diagnosed with a serious emotional disorder in Northwest Indiana.

Eligibility Requirements: Children who (1) are between the ages of 0 and 18; (2) are at risk of being removed from the home; (3) live in Hammond, East Chicago, or Gary; (4) have been diagnosed with a serious emotional disorder (SED); and (5) are involved in or need two or more human services systems.

No. of Clients Served (Snapshot: June 30, 2003):
No. of Clients Served in FY 2003 (Unduplicated for year): 200

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	800,252	800,252			
2002	1,105,457	1,105,457			
2003	1,441,581	1,441,587			
2004 ^	1,433,059	1,433,059			
2005 ^	1,433,059	1,433,059			

^ Appropriation.
* (Source of Federal funds) SAMHSA, Part E, Title V, Section 561 funding.
** (Name of Dedicated fund)
*** (Name of Local fund)

Funding Details: The federal grant was equal to $1.4 M with a required match of $3.6 M. Match is supplied by the grantee not-for-profit community mental health centers in Northwest Indiana either through in-kind donations or cash contributions.

Program Name: Community Mental Health Centers

Indiana Code Cite: IC 12-21-2-3
Administrative Code Cite: 440 IAC 4-3-1
Account Number: 3280/141000

Administrative Division: Division of Mental Health and Addiction
Advisory Board/Commission: DMHA Advisory Council (IC 12-21-4)

Program Description -
Purpose: To serve people of all ages who have any type of mental health services needs.

Federal History/Requirements: The community mental health center (CMHC) network in Indiana began with the passage in 1963 of the federal Community Mental Health Center Act. This Act created a federal-state partnership designed to encourage and stimulate growth of community-based mental health services.

State History/Requirements: The program operates within federal and state statutes. While all CMHCs are private, not-for-profit corporations with local boards of directors, they must provide a core of mandated services and make services available on a sliding fee scale based on the individual's ability to pay. Although anyone may access the mental health services, frequently there are waiting lists for treatment programs, particularly those for addictions treatment and services for children.

Program Services: Community mental health centers are governed by local boards of directors, and treatment services may reflect specific needs of the service area. However, all CMHCs must provide a core of treatment and prevention services options for mental disorders, including inpatient treatment, residential services, partial hospitalization services, outpatient services, consultation and education services, and community support programs. Within the framework of the mandatory services, the CMHCs must prioritize the needs of the following target populations: adults with serious mental illness (SMI), children and adolescents with serious emotional disturbances (SED), people with an alcohol or other drug abuse disorder, and older adults. CMHCs also serve as the gatekeepers both into and out of the state psychiatric hospitals.

Service Providers/Agencies: The 31 community mental health centers in the state are certified by the Division of Mental Health and Addiction. Because of the range of services that CMHCs are mandated to provide, the centers employ or contract with a range of mental health professionals with a broad range of specialties.

Client Intake: Intake is performed at each community mental health center. Additionally, each center has a staff person who acts as the liaison to the state hospitals.

Program Clients: -
Target Population: Residents of the state who have need of mental health services.

Eligibility Requirements: There are no general financial eligibility thresholds for services, although the centers operate with a sliding fee scale that is based upon the client's ability to pay for services.

The Hoosier Assurance Plan (HAP) is the primary funding system used by DMHA to pay for mental health and addiction services. Individuals qualify for HAP-subsidized treatment if their income is 200% of the

federal poverty level or less. Individuals receiving Medicaid or Food Stamps would meet this income standard. HAP enrollees must also meet a diagnostic or level of functioning assessment, and provide proof of income.

No. of Clients Served (Snapshot: June 30, 2003): 69,936
No. of Clients Served in FY 2003 (Unduplicated for year): 88,944

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	48,210,408		48,210,408		
2002	94,724,919		94,724,949		
2003	120,257,000		120,257,000		
2004 ^	98,339,784		93,894,784	4,445,000	
2005 ^	98,339,784		93,894,784	4,445,000	

^ Appropriation.
* (Source of Federal funds)
** (Name of Dedicated fund) Cigarette Tax
*** (Name of Local fund)

Funding Details: CMHCs receive funding from different sources including Medicaid, Medicare, private insurance, individual private payers, the Hoosier Assurance Plan, and property tax revenues. Funding of the various revenue sources are mixed between local, state, federal, and private dollars.

With the Hoosier Assurance Plan being the primary funding system used by DMHA to pay for mental health and addiction services, DMHA contracts with provider organizations who provide an array of care for individuals who meet diagnostic, functioning level, and income criteria. The CMHCs currently are the main Hoosier Assurance Plan providers. The provider organizations contract to provide a year's care at the most appropriate level to all enrollees. HAP helps to fund services for persons who have no insurance or not enough insurance for mental health or addictions treatment.

Program Name: Community Mental Health Services Block Grant

Indiana Code Cite: IC 12-7-2-40.6
Administrative Code Cite:
Account Number: 6000/139200

Administrative Division: Division of Mental Health and Addiction
Advisory Board/Commission: DMHA Advisory Council (IC 12-21-4)

Program Description -
Purpose: To provide support services to seriously mentally ill adults, seriously emotionally disturbed children and adolescents, persons with acute disorders, elderly adults with mental illness, and special populations with unique mental health needs.

Federal History/Requirements: The federal government makes funds available to states to support mental health and addiction services. Prior to SFY 1994, one federal block grant provided funds for both mental health and substance abuse services. At the present time, there are separate block grants for mental health and for addiction services. This account is authorized under 42 U.S.C. 300x.

State History/Requirements: See *Federal History*.

Program Services: Services are directed at the abatement of an individual's symptoms of a mental illness, assisting the individual in avoiding hospitalization, and helping the individual to remain in the community to maintain the highest level of self-sufficiency possible.

Service Providers/Agencies: Hoosier Assurance Plan (HAP) providers that are certified as managed care providers offering the full continuum of care for substance abuse treatment and treatment of serious mental illness.

Client Intake: HAP service providers, community mental health centers, and others that contract with HAP are located throughout the state. Service providers supply intake services and assist with determining the appropriate level of fees the client is expected to pay.

Program Clients -
Target Population: Seriously mentally ill adults, seriously emotionally disturbed children and adolescents, persons with acute disorders, elderly adults with mental illness, and special populations with unique mental health needs.

Eligibility Requirements: Individuals must qualify for the Hoosier Assurance Plan.

No. of Clients Served (Snapshot: June 30, 2003): 27,885
No. of Clients Served in FY 2003 (Unduplicated for year): 34,194

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	8,327,737	8,321,737			
2002	7,719,696	7,719,696			
2003	34,477,600	10,193,719	24,283,881		
2004 ^	43,618,989	8,367,122	35,251,867		
2005 ^	43,618,989	8,367,122	35,251,867		

^ Appropriation.
* (Source of Federal funds) 93.958 Mental Health Administration (Block Grant MI)
** (Name of Dedicated fund)
*** (Name of Local fund)

Funding Details:

Program Name: DMHA - Disaster Relief Grants

Indiana Code Cite:
Administrative Code Cite:
Account Number: 6000/119200

Administrative Division: Division of Mental Health and Addiction
Advisory Board/Commission: DMHA Advisory Council (IC 12-21-4)

Program Description -
Purpose: The ultimate purpose of the program is to support short-term interventions with individuals and groups experiencing serious psychological reactions to large scale disasters.

Federal History/Requirements: Section 416 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act of 1974 authorizes the Federal Emergency Management Agency to fund mental health assistance and training activities in areas which have been declared a disaster by the President.

State History/Requirements: In 2003, Indiana applied for two disaster relief grants from the federal government.

Program Services: The program provides grant money to community mental health centers for crisis counseling assistance and training centers. The center must be located in an area that has been declared a disaster relief area by the President.

Upon receiving a Presidential disaster declaration, the Division of Mental Health and Addiction conducts a needs assessment to determine the level of stress being experienced by disaster victims. The DMHA then applies for a Crisis Counseling grant from the Federal Emergency Management Agency. Upon award of the grant, the DMHA typically provides funds to community mental health centers and local mental health providers to hire additional staff to provide outreach and education on typical stress reactions and methods of reducing stress.

The program supports short-term interventions with individuals and groups experiencing serious psychological reactions to large scale disasters. These interventions involve the counseling goals of assisting disaster survivors in understanding their current situation and reactions, mitigating additional stress, assisting survivors in reviewing their options, promoting the use of or development of coping strategies, providing emotional support, and encouraging linkages with other individuals and agencies who may help survivors recover to their pre-disaster level of functioning.

Service Providers/Agencies: Community mental health centers; local mental health providers.

Client Intake: Community mental health centers; local mental health providers.

Program Clients -
Target Population: Victims of large scale disasters.

Eligibility Requirements: Individuals who are victims of large scale disasters.

No. of Clients Served (Snapshot: June 30, 2003): NA
No. of Clients Served in FY 2003 (Unduplicated for year): NA

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	0	0			
2002	0	0			
2003	67,297	67,297			
2004 ^	540,040	540,040			
2005 ^	540,040	540,040			

^ Appropriation.
* (Source of Federal funds) CFDA 93.243 DMHA disaster Relief Grant (FEMA/SEMA)
** (Name of Dedicated fund)
*** (Name of Local fund)

Funding Details:

Program Name: HIV Outreach

Indiana Code Cite: IC 12-7-2-40.6
Administrative Code Cite:
Account Number: 6000/139100

Administrative Division: Division of Mental Health and Addiction
Advisory Board/Commission: DMHA Advisory Council (IC 12-21-4)

Program Description -
Purpose: To provide partial support of prevention and HIV early intervention activities when the state is required to do so based on its AIDS rate. In addition, substance abuse treatment services are provided.

Federal History/Requirements: HIV Early Intervention Services are to be provided to persons who are admitted to substance abuse treatment. The state is required to provide HIV early intervention when the state is a "designated state. This means that the state has a rate of AIDS that is 10 per 100,000 or greater. The determination of the rate is made by the Centers for Disease Control on a calendar-year basis.

State History/Requirements: Indiana was deemed a designated state by the federal government in 1996 and 1997 because its AIDS population was larger than 10 per 100,000. At the time, the state received funding through the Substance Abuse Prevention and Treatment Block Grant to create this program. Although Indiana has not been considered a designated state since 1997, Indiana has continued the program with its own funding. FSSA contracts with the State Department of Health to administer this program.

Program Services: Services include (a) appropriate pretest counseling; (b) testing of individuals to confirm the presence of the disease, to diagnose the extent of the deficiency in the immune system, and to provide information on the appropriate therapeutic measures for preventing and treating the deterioration of the immune system; (c) appropriate post-test counseling; and (d) providing therapeutic measures.

Service Providers/Agencies: Hoosier Assurance Plan (HAP) providers that are certified as managed care providers offering the full continuum of care for substance abuse treatment and treatment of serious mental illness.

Client Intake: HAP service providers, community mental health centers, and others that contract with HAP are located throughout the state.

Program Clients -
Target Population: Low-income people with chronic addictions who are at risk of HIV.

Eligibility Requirements: Individuals with chronic additions who are at or below 200% of the federal poverty level.

No. of Clients Served (Snapshot: June 30, 2003): 52
No. of Clients Served in FY 2003 (Unduplicated for year): Case management: 1,164; Pretest counseling: 4,911; Tested: 4,812; Additional tests: 3,558

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	33,909,476	33,909,476			
2002	32,863,908	32,863,908			
2003	32,713,894	32,713,894			
2004 ^	33,448,541	33,448,541			
2005 ^	33,448,541	33,448,541			

^ Appropriation.
* (Source of Federal funds) 93.959 Alcohol and Drug Abuse (Block Grant Addiction)
** (Name of Dedicated fund)
*** (Name of Local fund)

Funding Details: A federal requirement mandates a minimum expenditure of 5% of the federal fiscal year Substance Abuse and Prevention Treatment Block Grant for this service. Funding is to be distributed to existing substance abuse treatment programs.

Program Name: Indiana Statewide Treatment Needs Assessment Program

Indiana Code Cite:
Administrative Code Cite:
Account Number: 6000/138400

Administrative Division: Division of Mental Health and Addiction
Advisory Board/Commission: DMHA Advisory Council (IC 12-21-4)

Program Description -
Purpose: To collect data relative to various populations in the state of Indiana and make them available for data analysis. The data will be used to identify treatment needs in order to maximize the effectiveness of treatment funding.

Federal History/Requirements: This program is funded with a three-year federal grant. The program began in October 2001 and will end on September 30, 2004. The DMHA is currently filing for an extension with the federal government. If the extension is granted, the program will end on September 29, 2005.

State History/Requirements: See *Federal History*.

Program Services: The Statewide Treatment Needs Assessment Program (STNAP) involves five separate projects:

(1) Client Treatment Administrative Data, the main goals of which were to assign a unique identifier to Treatment Episode Dataset (TEDS) records to allow unduplicated counts within a year and across years for the same individual.

(2) Data Linkage Study to link the Community Services dataset with records from the Hospital Services dataset, and upon completion to merge this combined file with the Medicaid dataset to allow for further analysis.

(3) Adult Household Survey, involving a questionnaire, approved by the Office of Management and Budget (OMB) and administered to 6,047 adults in Indiana in 2003.

(4) Social Indicator System (SIS) involves count-level Census data, mortality data from the State Department of Health, uniform crime statistics, drug-related disciplinary data from school districts, and treatment data.

(5) Adolescent Household Survey involved a questionnaire, approved by the OMB and administered to 10,000 adolescents in Indiana in 2004.

Service Providers/Agencies: Division of Mental Health and Addiction.

Client Intake: NA

Program Clients -
Target Population: NA

Eligibility Requirements: NA

No. of Clients Served (Snapshot: June 30, 2003):
No. of Clients Served in FY 2003 (Unduplicated for year):

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	0	0			
2002	70,836	70,836			
2003	112,787	112,787			
2004 ^	438,344	438,344			
2005 ^	438,344	438,344			

^ Appropriation.
* (Source of Federal funds) CFDH - 93.23 Alcohol/Drug Treatment Needs Assessment
** (Name of Dedicated fund)
*** (Name of Local fund)

Funding Details:

Program Name: Indiana Mental Health Funds Recovery Program

Indiana Code Cite:
Administrative Code Cite:
Account Number: 6000/163300

Administrative Division: Division of Mental Health and Addiction
Advisory Board/Commission: DMHA Advisory Council (IC 12-21-4)

Program Description -
Purpose: The Indiana Mental Health Funds Recovery Program (MHFRP) enables local community mental health and substance abuse agencies, as well as the state itself, to be reimbursed for administrative expenditures that have been used for activities performed at the local agency level in support of the state Medicaid Plan. Via the MHFRP, federal reimbursement is increased for such overall activities as identifying, locating, and referral of targeted, "at risk populations, linkage of targeted populations with Medicaid health coverage, and administrative case management activities.

Federal History/Requirements: The MHFRP was approved by the federal Centers for Medicare and Medicaid Services on March 19, 2001, with an effective date of January 1, 1999. It is a collaboration between the Division of Mental Health and Addiction and the Office of Medicaid Policy and Planning.

State History/Requirements: This is a Medicaid program under the oversight of the Office of Medicaid, Policy and Planning.

Program Services: State funds recovery.

Service Providers/Agencies: Participating providers are the DMHA-contracted Managed Care Providers (MCPs), of which the community mental health centers (CMHCs) are included. These providers have, in turn, contracted with a single administrative entity (InteCare) to achieve economies of scale and serve as a fiscal agent in the funds recovery effort.

Client Intake: NA

Program Clients -
Target Population: NA

Eligibility Requirements: NA

No. of Clients Served (Snapshot: June 30, 2003):
No. of Clients Served in FY 2003 (Unduplicated for year):

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	0	0			
2002	29,950,548	29,950,548			
2003	13,884,709	13,884,709			
2004 ^	139,960,000	13,960,000			
2005 ^	13,960,000	13,960,000			

^ Appropriation.
* (Source of Federal funds) MHFR Outreach Administration
** (Name of Dedicated fund)
*** (Name of Local fund)

Funding Details: MHFRP claims are filed on a quarterly basis using the federal fiscal year. A participating MCP makes a claim based on the total expenditures (salaries, benefits, supplies, etc.) associated with the employees who do Medicaid administration activities, the number of the provider's patient population enrolled in Medicaid, and based on a time study of employees' activities.

Federal financial participation (FFP) rates are applied to these expenditures. The specific rate applied depends on the type of activity and the type of personnel conducting the activity. A 75% FFP "enhanced rate is available for specific activities performed by skilled professional medical personnel (SPMPs) and their staff, ranging from doctors and nurses, to social workers. A 90% FFP is available for administration of family planning activities. An FFP of 50% applies to most other administrative activities.

Program Name: Olmstead Mental Health Grant

Indiana Code Cite:
Administrative Code Cite:
Account Number: 6000/163400

Administrative Division: Division of Mental Health and Addiction
Advisory Board/Commission: Division of Mental Health Consumer Council

Program Description -
Purpose: To assure that Indiana's mental health system is an active participant in state-level planning related to the *Olmstead Decision* of the U.S. Supreme Court.

Federal History/Requirements: The federal Center for Mental Health Services (CMHS), Substance Abuse and Mental Health Services Administration (SAMHSA), awarded grants to the states as part of the New Freedom Initiative.

State History/Requirements: DMHA dedicated their SAMHSA grant funds ($20,000) to identifying and involving consumers and family members in the Olmstead planning process.

Program Services: Through the Office of Consumer and Family Affairs, the DMHA contracted with Key Consumer Organization, Inc., and the Indiana Chapter of the National Alliance for the Mentally Ill (NAMI) to conduct focus groups of consumers and family members in order to solicit input and to encourage participation in the planning process. Information was shared with interested persons and organizations regarding the FSSA Olmstead Plan including providing notice of public hearings that were held across the state. The DMHA also worked closely with Advocates for Human Potential, Inc. (AHP), the national contractor for the Olmstead Initiative, to obtain and disseminate information on Olmstead and the New Freedom Initiative and to provide input at the national level.

Service Providers/Agencies: Division of Mental Health and Addiction.

Client Intake: NA

Program Clients -
Target Population: Ultimately, individuals with mental health or addictions problems.

Eligibility Requirements: NA

No. of Clients Served (Snapshot: June 30, 2003):
No. of Clients Served in FY 2003 (Unduplicated for year):

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001					
2002	24,840	24,840			
2003	5,207	5,207			
2004 ^	15,000	15,000			
2005 ^	15,000	15,000			

^ Appropriation.
* (Source of Federal funds) Olmstead Mental Health Grant
** (Name of Dedicated fund)
*** (Name of Local fund)

Funding Details: Federal grant.

Program Name: Projects for Assistance in the Transition from Homelessness (PATH)

Indiana Code Cite:
Administrative Code Cite:
Account Number: 6000/188400

Administrative Division: Division of Mental Health and Addiction
Advisory Board/Commission: DMHA Advisory Council (IC 12-21-4)

Program Description -
Purpose: To find and engage individuals with mental illness and substance abuse disorders to get them into housing and appropriate treatment services.

Federal History/Requirements: In 1987, the federal Stewart B. McKinney Homeless Assistance Act provided federal funding directed specifically to the needs of homeless persons. The McKinney Act initially funded short-term help designed to provide homeless individuals with temporary assistance. The current PATH program is funded and administered by the federal Substance Abuse and Mental Health Services Administration (SAMHSA).

State History/Requirements: Indiana has been a recipient of PATH funding since 1990.

Program Services: Principally outreach services; some treatment services. Teams provide outreach to homeless individuals who have a mental illness, substance abuse disorder, or both. PATH clients receive treatment services as appropriate to their individual circumstances. (Treatment services are an allowable cost within the PATH grants, but the teams generally use the grant funding for outreach.) Often PATH clients are also eligible for SSDI, Medicaid, and other public assistance programs.

Service Providers/Agencies: In Indiana, the PATH grant is used to fund ten outreach teams located in community mental health centers around the state: Gary, East Chicago, South Bend, Elkhart, Fort Wayne, Muncie, Anderson, Indianapolis, Bloomington, and Evansville.

Client Intake: Certain community mental health centers.

Program Clients -
Target Population: Individuals who are homeless or at risk of homelessness; individuals with mental illness and/or substance abuse disorders.

Eligibility Requirements: There are no income eligibility criteria.

No. of Clients Served (Snapshot: June 30, 2003):
No. of Clients Served in FY 2003 (Unduplicated for year):

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	386,760	386,760			
2002	482,570	482,570			
2003	538,934	538,934			
2004 ^	576,000	576,000			
2005 ^	576,000	576,000			

^ Appropriation.
* (Source of Federal funds) 93.150 PATH
** (Name of Dedicated fund)
*** (Name of Local fund)

Funding Details: The grant program is federally funded. The local providers can supply the required 25% matching funds with in-kind services or cash.

Program Name: Quality Assurance and Research

Indiana Code Cite:
Administrative Code Cite:
Account Number: 1000/124080

Administrative Division: Division of Mental Health and Addiction
Advisory Board/Commission: DMHA Advisory Council (IC 12-21-4)

Program Description -
Purpose: To fund quality initiatives and research that are used to improve services for people with a mental illness or addiction.

Federal History/Requirements: NA

State History/Requirements:

Program Services: Quality Assurance and Research funds four kinds of activities within the Division of Mental Health and Addiction: (1) basic data collection, (2) analysis and reporting of Community Services Data System data, audits, report cards, and program evaluations, (3) development and dissemination of research in mental health and addictions treatment services, and (4) training and education of consumers, community leaders, providers, and educators through contracts, grants, pilot projects, demonstration projects, and conferences.

Service Providers/Agencies: Division of Mental Health and Addiction.

Client Intake: NA

Program Clients -
Target Population: Ultimately, individuals with mental health and addictions problems.

Eligibility Requirements: NA

No. of Clients Served (Snapshot: June 30, 2003):
No. of Clients Served in FY 2003 (Unduplicated for year):

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	1,127,872		1,127,872		
2002	1,114,863		1,114,863		
2003	888,955		888,955		
2004 ^	1,052,976		1,052,976		
2005 ^	1,052,976		1,052,976		

^ Appropriation.
* (Source of Federal funds)
** (Name of Dedicated fund)
*** (Name of Local fund)

Funding Details:

Program Name: Reduction of Tobacco Sales to Minors (Synar Amendment)

Indiana Code Cite: IC 7.1-6-2-5
Administrative Code Cite:
Account Number: 6000/180400

Administrative Division: Division of Mental Health and Addiction
Advisory Board/Commission: DMHA Advisory Council (IC 12-21-4)

Program Description -
Purpose: To pass and enforce laws that prohibit the sale of tobacco products to individuals under 18 years of age.

Federal History/Requirements: In July 1992, Congress passed the Synar Amendment as part of the Alcohol, Drug Abuse, and Mental Health Administration Reorganization Act (P.L.102-321, Sec. 1926). The amendment requires states to pass and enforce laws prohibiting the sale of tobacco to individuals under the age of 18. In January 1996, the U.S. Department of Health and Human Services issued the final implementation regulations for the Synar Amendment. The amendment is a condition of funding for the states receiving the Substance Abuse Prevention and Treatment Block Grant. Up to 40% of the block grant can be withheld for not complying with the Synar Amendment.

The Synar regulations require the state to achieve no more than a 20% rate of illegal tobacco sales to minors. The rate is determined by an annual study conducted by the DMHA that is based on random, unannounced inspections of tobacco retailers. Under-aged study participants are recruited and trained to attempt to make tobacco purchases in order to determine a sales rate of illegal sales to minors. (The study participants are accompanied by Indiana Excise Police officers.) If the study findings exceed a sales rate of 20%, the state is subject to a fiscal penalty of up to 40%, or approximately $13.3 M, of the Substance Abuse Prevention and Treatment block grant award.

State History/Requirements: The General Assembly enacted a prohibition on the sale or distribution to, or purchase of tobacco products for, individuals under the age of 18 years in 1980. In 1996, with the promulgation of the federal rules under the Synar Amendment, the General Assembly assigned the responsibility for preparation of the annual study to the DMHA.

Program Services: The program conducts the required annual study and submits it to the federal agency.

Service Providers/Agencies: Under contract, the Indiana Prevention Resource Center in Bloomington provides the research expertise for the study design, and the Indiana Criminal Justice Institute recruits, trains, and pays the under-age study participants and their monitors. The Synar Amendment study program also interfaces with the state enforcement program known as TRIP, or Tobacco Retailers Inspection Program, that is conducted by the state Alcohol and Tobacco Commission. The Indiana Excise Police are contracted to perform approximately 900 random inspections for the study during the months of January through May.

Client Intake: NA

Program Clients -
Target Population: Individuals under the age of 18 that may seek to purchase tobacco products illegally.

Eligibility Requirements: NA

No. of Clients Served (Snapshot: June 30, 2003):
No. of Clients Served in FY 2003 (Unduplicated for year):

Program Funding -

Program Expenditures					
SFY	**Total**	**Federal ***	**State**		**Local *****
			General Fund	**Dedicated ****	
2001	312,726			312,726	
2002	139,212			139,212	
2003	18,777			18,777	
2004 ^	149,300			149,300	
2005 ^	149,300			149,300	

^ Appropriation.
* (Source of Federal funds)
** (Name of Dedicated fund) Gambler's Assistance Fund
*** (Name of Local fund)

Funding Details: Funding for the program is transferred from the Gambler's Assistance Fund, which is derived from state Riverboat Admissions Tax revenues.

Program Name: Regulatory DMHA Programs - Licensure and Certification

Indiana Code Cite: IC 12-25
Administrative Code Cite: 440 IAC 1-1.5; 440 IAC 4.1; and 440 IAC 4.4
Account Number:

Administrative Division: Division of Mental Health and Addiction.
Advisory Board/Commission: DMHA Advisory Council (IC 12-21-4)

Program Description -
Purpose: State regulatory control of freestanding psychiatric facilities, community mental health centers, managed care providers, residential care, and addiction programs through licensure and certification activities.

Federal History/Requirements: N/A

State History/Requirements: The Division of Mental Health and Addiction licenses freestanding psychiatric facilities in the state (as opposed to the State Department of Health which licenses acute care hospitals with inpatient psychiatric units). The Division also certifies providers of addiction services, mental health residential care programs, mental health managed care providers, and community mental health centers in conjunction with requirements for accreditation with professional accrediting bodies in the specialty areas of operation. The DMHA conducts the certification and licensure activities through the Licensing and Certification Unit of the Office of Contract Management. This section is also responsible for the licensure of freestanding inpatient psychiatric treatment facilities. The State Department of Health licenses psychiatric units of general acute care hospitals. State hospitals are accredited by the Joint Commission on Accreditation of Health Care Organizations (JCAHO), but are not licensed by the state.

Program Services: Licensure and regulatory activities.

Service Providers/Agencies: Licensing and Certification Unit of the Office of Contract Management within DMHA.

Client Intake: NA

Program Clients: -
Target Population: Ultimately, individuals with mental health and addictions problems.

Eligibility Requirements: NA

No. of Clients Served (Snapshot: June 30, 2003):
No. of Clients Served in FY 2003 (Unduplicated for year):

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001					
2002					
2003					
2004 ^					
2005 ^					

^ Appropriation.
* (Source of Federal funds)
** (Name of Dedicated fund)
*** (Name of Local fund)

Funding Details: Licensing is a state regulatory function that is funded primarily from state General Fund administrative accounts. The cost of licensing activity is not maintained separately and is therefore not reported at this time.

The Division of Mental Health and Addiction does not charge a fee to the providers. The process is reliant upon the accreditation of several outside accreditation bodies that have demonstrated expertise in specified areas. If a provider maintains an accreditation status under a recognized organization, the Division's certification and licensure process accepts the accreditation as a baseline for the state's certification. Program certification and hospital licensure are necessary for DMHA reimbursement.

Program Name: Safe and Drug-Free Schools and Communities

Indiana Code Cite: IC 12-23-1-6
Administrative Code Cite:
Account Number: 6000/167100

Administrative Division: Division of Mental Health and Addiction
Advisory Board/Commission: DMHA Advisory Council (IC 12-21-4)

Program Description -
Purpose: To provide substance abuse education and prevention services discouraging the use of alcohol, tobacco, and other drugs among high-risk youth under the age of 18 years.

Federal History/Requirements: The program was re-authorized in Title IV of the Elementary and Secondary Education Act ("No Child Left Behind Act) of 2002. The federal legislation requires that 80% of the available funds must be allocated by the State Department of Education to local education agencies. The remaining 20% is referred to as the "Governor's Portion and may be allocated by the Governor's designated agency for primary prevention activities directed at youth at risk of using alcohol, tobacco, or other drugs.

State History/Requirements: The Governor designated the Division of Mental Health and Addiction as the designated agency to administer the "Governor's Portion of the grant (20% of the total). Community-based agencies and state agencies provide prevention services, information, and awareness programs, and education and training directed towards school-age youth.

Program Services: Educational and training programs are provided to help participants learn to choose healthy life styles. The program sponsors Project Lead which trains teens who are in leadership roles of established youth programs in drug use prevention. Indirect services include technical assistance and training volunteers in communities such as the members of Local Coordinating Councils. These youth are at risk by virtue of their age; this is the range when experimental use starts. Parents or other persons responsible for the youth are referred to other services for evaluation if certain behaviors are observed.

Service Providers/Agencies: Various community-based agencies and state agencies.

Client Intake: Children participate on a voluntary basis with parental permission. The program is promoted through schools, parks departments, and other youth-oriented organizations.

Program Clients -
Target Population: Children who are 10 to 14 years of age who are in school. Participants of Project LEAD are older teens, and both age groups are from a universal population.

Eligibility Requirements: Youth who are 10 to 14 years of age and who are at moderate risk for alcohol, tobacco, or other drug use.

No. of Clients Served (Snapshot: June 30, 2003):
No. of Clients Served in FY 2003 (Unduplicated for year):

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	1,940,684	1,940,684			
2002	1,332,827	1,332,827			
2003	1,486,055	1,486,055			
2004 ^	1,498,620	1,498,620			
2005 ^	1,498,620	1,498,620			

^ Appropriation.
* (Source of Federal funds) 84.186B Drug-Free School
** (Name of Dedicated fund)
*** (Name of Local fund)

Funding Details: 100% federally funded. The Division of Mental Health and Addiction is allocated 20% of the total federal funds made available to the state.

Program Name: Seriously Emotionally Disturbed Children (Systems of Care in Indiana Grant)

Indiana Code Cite: IC 12-22-4
Administrative Code Cite: 440 IAC 8-2-4
Account Number: 1000/124090

Administrative Division: Division of Mental Health and Addiction; Division of Family and Children.
Advisory Board/Commission: DMHA Advisory Council (IC 12-21-4)

Program Description -
Purpose: To develop a coordinated, family-centered, and community-based system of services for children with serious emotional disturbances and their families.

Federal History/Requirements: NA

State History/Requirements: Development of Integrated Cross-System Services for Children (Children's System of Care) began in Indiana in 1996 with the receipt of the Robert Wood Johnson Foundation MHSIP grant to replicate a blended funding system of care for children. The resulting "Indiana Cost Sharing Project became known as the Dawn Project, and Marion County children began receiving these intensive services. In 1999, federal Children Mental Health Initiative grants were awarded to the Dawn Project and to Lake County's Circle Around Families. In 2000, FSSA's Division of Mental Health and Addiction and Division of Family and Children collaborated to provide state-level start-up funds for four pilot systems of care projects. Between 2001 and 2003, 22 additional systems of care were given similar start-up funds from the DMHA.

Program Services: The program provides grant money for "Wraparound Facilitation service programs. Wraparound facilitation includes activities typically performed by a case manager with the addition of other responsibilities, including eligibility-determination activities, managing a budget for services, providing technical assistance to others involved in the child's care, assuring that everyone who has an impact on success of the plan of care is appropriately involved, and that systematic barriers to services are addressed and resolved. Other services include respite care, family support and training, and independent skills training. Wraparound Facilitation is also known as "Children's System of Care services.

Service Providers/Agencies: There are currently 45 "System of Care programs in the state. The vast majority are facilitated by community mental health centers (managed care providers). Others are located in not-for-profit, child-serving service agencies. Five new sites will be funded beginning July 1, 2004, and five more sites are planned for FY 2006, depending upon the availability of resources.

Client Intake: Community mental health centers; not-for-profit agencies.

Program Clients -
Target Population: Children with serious emotional disturbances.

Eligibility Requirements: NA

No. of Clients Served (Snapshot: June 30, 2003):
No. of Clients Served in FY 2003 (Unduplicated for year): 659

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	12,482,984		12,482,984		
2002	13,946,515		13,946,515		
2003	14,824,427		14,824,427		
2004 ^	16,485,578		16,485,578		
2005 ^	16,485,578		16,485,578		

^ Appropriation.
* (Source of Federal funds)
** (Name of Dedicated fund)
*** (Name of Local fund)

Funding Details: Sites were given up to $50,000 a year for two years ($100,000 maximum) to develop the collaborative infrastructure to build and sustain a local system of care and to initiate services using a child and family team wraparound model.

Program Name: Shelter Plus Care Grant Project

Indiana Code Cite:
Administrative Code Cite:
Account Number: 6000/116000

Administrative Division: Division of Mental Health and Addiction
Advisory Board/Commission: DMHA Advisory Council (IC 12-21-4)

Program Description -
Purpose: To provide services for the homeless mentally ill, homeless mentally ill with co-occurring disorders, homeless with substance abuse issues, and/or homeless mentally ill who are either HIV positive or individuals at risk or who have AIDS and/or related illnesses.

Federal History/Requirements: The Shelter Plus Care Program was established by the federal Stewart B. McKinney Homeless Assistance Act of 1987.

State History/Requirements: Indiana has secured Shelter Plus Care funding since its inception in 1987.

Program Services: The Shelter Plus Care program provides rental assistance, in connection with supportive services funded from sources other than this program, to homeless persons with disabilities (primarily persons who are seriously mentally ill; have chronic problems with alcohol, drugs, or both; or have acquired immunodeficiency syndrome and related diseases) and their families. The program provides assistance through four components: (1) tenant-based rental assistance; (2) sponsor-based rental assistance; (3) project-based rental assistance; and (4) single-room occupancy for homeless individuals.

Service Providers/Agencies: There are currently four community mental health centers in the state that receive Shelter Plus Care grants. An additional three programs will be opened in the near future. One of these programs will be located within a substance abuse facility.

Client Intake: Rental assistance; mental health, addictions, and other health and human services.

Program Clients: -
Target Population: Homeless people with disabilities.

Eligibility Requirements: The program serves homeless mentally ill, homeless mentally ill with co-occurring disorders, homeless with substance abuse issues, and/or homeless mentally ill who are either HIV positive or have AIDS or related illnesses.

No. of Clients Served (Snapshot: June 30, 2003):
No. of Clients Served in FY 2003 (Unduplicated for year):

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	599,281	599,281			
2002	494,755	494,755			
2003	354,887	354,887			
2004 ^	880,336	880,336			
2005 ^	880,336	880,336			

^ Appropriation.
* (Source of Federal funds) Stewart B. McKinney funds
** (Name of Dedicated fund)
*** (Name of Local fund)

Funding Details: Entirely federally funded.

Program Name: State Mental Health and Addiction Hospitals

Indiana Code Cite: IC 12-24-1-3
Administrative Code Cite:
Account Number: See *Service Providers/Agencies*.

Administrative Division: Division of Mental Health and Addictions
Advisory Board/Commission: DMHA Advisory Council (IC 12-21-4)

Program Description -
Purpose: To provide care to adults and children who have serious mental illness and/or addiction and who may need an intensive level of care for an extended period of time.

Federal History/Requirements: The state mental hospitals are affected by the 1999 *Olmstead* decision, a U.S. Supreme Court decision that held that the unnecessary segregation of individuals with disabilities in institutions may constitute discrimination based on disability. The court ruled that the Americans with Disabilities Act may require states to provide community-based services rather than institutional placements for individuals with disabilities if treatment professionals determine that community-based services are appropriate, the affected individuals do not object to such placement, and the state has the available resources to provide community-based services.

State History/Requirements: In 1989, seven state mental hospitals had a patient population of 3,612. With the closure of Central State Hospital (Indianapolis) in 1994 and the downsizing of other facilities, due both to federal statutes and an ongoing trend toward de-institutionalization, current patient census is about 1,200.

The state hospital system operates under a "gatekeeper system, with community mental health centers acting as the gatekeeper: authorizing admissions into the hospitals, providing case management to patients while in the facility, and monitoring the patient upon discharge. DMHA has a system of bed allocations, where each community mental health center has access to state hospital beds in proportion to the number and severity of the people served in the community setting. This allocation includes individuals with a psychiatric illness and who are civilly committed, persons with criminal commitments, persons with co-ocurring mental illness and a developmental disability, and children and adolescents. The children and adolescents fall under the same gatekeeper system as the adults, but without allocated beds.

All six hospitals are accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and have units certified for Medicare and Medicaid.

Program Services: Psychiatric care; care for co-occurring mental illness and developmental disabilities; services for substance abuse and addictions; community adjustment programs; consultation and referral; physical examinations; educational services; occupational, recreational, and vocational therapies; and follow-up care; and physical, mental, and emotional services for children.

Service Providers/Agencies: The state provides inpatient care at six state-operated psychiatric hospitals: (1) Evansville State Hospital, (2) Evansville State Psychiatric Treatment Center for Children, (3) Larue D. Carter Memorial Hospital, (4) Logansport State Hospital, (5) Madison State Hospital, and (6) Richmond State Hospital.

Evansville State Hospital (1000/104250) provides inpatient care for adults with serious mental illness. The hospital has special units for older persons and persons with co-occurring mental illness and developmental disabilities. The hospital's capacity based on staffing requirements is 168.

Evansville State Psychiatric Treatment Center for Children (1000/104150) serves children ages 4 through 12 who have severe emotional disturbances. The hospital's capacity based on staffing requirements is 28.

Larue D. Carter Memorial Hospital (1000/104500), located in Indianapolis, provides inpatient treatment for seriously mentally ill adults and seriously emotionally disturbed children and adolescents. Adult outpatient services are also provided. The hospital is affiliated with Indiana University as a teaching and research site. The hospital's capacity based on staffing requirements is 159.

Logansport State Hospital (1000/104350) provides inpatient care for adults with serious mental illness. The hospital also has special units for persons with mental illness who are involved in the criminal justice system, and for persons who have co-occurring mental illness and developmental disabilities. The hospital's capacity based on staffing requirements is 380.

Madison State Hospital (1000/104300) provides inpatient care for adults with serious mental illness, including geriatrics. The hospital also has a special unit for persons who have co-occurring mental illness and developmental disabilities. The hospital's capacity based on staffing requirements is 150.

Richmond State Hospital (1000/104400) provides inpatient treatment for seriously mentally ill adults. The hospital has special units for persons who are chemically addicted, persons who are dually diagnosed with mental illness and chemical addictions, and male adolescents with conduct or adjustment disorders. The hospital's capacity based on staffing requirements is 300.

Client Intake: Community mental health centers (CMHCs) authorize admissions into the hospitals and monitor and treat individuals upon discharge.

Program Clients -
Target Population: Individuals with mental illness, addictions, or developmental disabilities.

Eligibility Requirements: Individuals must have a serious mental illness or an addiction and must be referred by a community mental health center.

No. of Clients Served (Snapshot: June 30, 2003): About 1,200
No. of Clients Served in FY 2003 (Unduplicated for year):

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	155,860,011	19,624,301	136,235,710		
2002	161,738,120	22,996,682	138,791,439		
2003	151,958,610	18,968,225	132,990,386		
2004 ^	155,186,815	19,265,607	135,921,208		
2005 ^	155,186,815	19,265,607	135,921,208		

^ Appropriation.
* (Source of Federal funds) Title XIX Medicaid reimbursement
** (Name of Dedicated fund)
*** (Name of Local fund)

Funding Details: Funding consists of state appropriations, reimbursements from the Medicaid Program, payments through Medicare, and client cost sharing.

Program Name: Substance Abuse State Data Infrastructure Grant (SDI)

Indiana Code Cite:
Administrative Code Cite:
Account Number: 6000/116000

Administrative Division: Division of Mental Health and Addiction
Advisory Board/Commission: DMHA Advisory Council (IC 12-21-4)

Program Description -
Purpose: To develop the state's mental health data collection, analysis, and reporting capabilities for the SAPT Block Grant.

Federal History/Requirements: The SDI is a three-year project, funded by the federal Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration (SAMHSA). It is designed to improve the data collection and reporting process for the DMHA. It is part of a larger goal of SAMHSA to strengthen data collection capabilities in all states in order to improve quality and enhance accountability.

State History/Requirements: The DMHA is currently in the second year of the grant.

Program Services: The scope of this project will be to integrate appropriate data to support DMHA reporting and analysis. This includes, but is not limited to, federal reporting requirements related to the grant. To this end, it is the DMHA's intent to enhance new data mart that contains historical data from the identified data sources and integrate it with a reporting tool. It will be primarily used by the DMHA staff either through a reporting tool or by querying the database directly.

The design of the DMHA Data Mart has received the approval of both DMHA and the Division of Technology Services (DTS) staff. A reporting tool is now integrated with the database for standardized reporting. The data mart and reporting tool were "rolled-out" into a production environment, and training of DMHA staff was completed. After an appropriate period of time, a process will be put in place to roll the reporting tool out to a larger audience.

There are various data sources within the DMHA's control. Two of the main data sources (DSS and CSDS) are described below; however, there will be other data sources that will become part of the SDI project.

The Decision Support System (DSS), developed by Creative SocioMedics, is used by the state-operated facilities. The DSS has three major components: client, federal, and state funding data; client tracking; and clinician workstations.

The Community Services Data System (CSDS), developed by NISYS, is an Internet web-based system that allows DMHA to monitor billing and expenditures by managed care providers, as well as collect data on individual-level treatment episodes on clients served. A variety of standard reports are run and made available on the Internet website. This system incorporates all functions from enrollment through payment authorization.

Service Providers/Agencies: Division of Mental Health and Addiction; community mental health centers; addiction providers.

Client Intake: NA

Program Clients -
Target Population: NA

Eligibility Requirements: NA

No. of Clients Served (Snapshot: June 30, 2003):
No. of Clients Served in FY 2003 (Unduplicated for year):

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	0	0			
2002	0	0			
2003	3,887	3,887			
2004 ^	100,000	100,000			
2005 ^	100,000	100,000			

^ Appropriation.
* (Source of Federal funds) CFDA 93.248 SA Data Infrastructure
** (Name of Dedicated fund)
*** (Name of Local fund)

Funding Details: Federal grant.

Program Name: Substance Abuse Services / Gambler's Assistance

Indiana Code Cite: IC 12-23
Administrative Code Cite:
Account Number: 3230/141300; 3230/141400

Administrative Division: Division of Mental Health and Addiction
Advisory Board/Commission: DMHA Advisory Council (IC 12-21-4); Indiana Commission for a Drug-Free Indiana (IC 5-2-6-16). This Commission is administered by the Indiana Criminal Justice Institute (ICJI).

Program Description -
Purpose: To provide partial support for substance abuse and compulsive gambling treatment services.

Federal History/Requirements: NA

State History/Requirements: The1993 General Assembly authorized 11 riverboat gambling sites in the state. The Legislature also required that $0.10 of each admission tax paid to the riverboat was to be distributed to DMHA for the prevention and treatment of problem gambling behavior. In 1995, the Legislature amended the law to allow for 75% of the funding to be used for the prevention and treatment of alcohol and drug abuse and compulsive gambling. In addition, the General Assembly required the maintenance of a toll-free telephone line to provide members of the public with information about these addictions and how to seek treatment. A minimum of 25% of the riverboat funding is required to be allocated to compulsive gambling programs. The Alcoholic Beverage Gallonage Tax is the source of additional funding provided by the General Assembly for addictions treatment for low-income individuals.

Program Services: Intervention services; outpatient services; intensive outpatient services; detoxification services; residential services; and transitional residential services. In addition to the full continuum of care mandated for the substance abuse and seriously mentally ill populations, managed care providers for problem gambling treatment are required to offer inpatient and intensive outpatient services, linkage with self-help groups such as Gambler's Anonymous, and financial management counseling. DMHA also operates a toll-free telephone line for compulsive gambling and alcohol and drug abuse information.

Service Providers/Agencies: Hoosier Assurance Plan (HAP) providers that are certified as managed care providers offering the full continuum of care for substance abuse treatment and treatment of serious mental illness. For compulsive gambling treatment, HAP providers also must obtain a compulsive gambling treatment endorsement through DMHA. Statewide, DMHA lists 18 providers certified to treat compulsive gambling and 39 providers certified for substance abuse treatment.

Client Intake: HAP service providers, community mental health centers, and other providers that contract with HAP are located throughout the state. Service providers supply intake services and assist with determining the appropriate level of fees the client is expected to pay.

Program Clients -
Target Population: Individuals at or below 200% of the FPL who need and seek access to treatment for chemical addictions (alcohol and drug abuse) or compulsive gambling.

Eligibility Requirements: People with compulsive gambling and/or alcohol and drug addiction clients seeking

access to treatment through the Hoosier Assurance Plan must ask for treatment and actively participate in the treatment.

The client must also meet diagnostic and functioning-level evaluation criteria as determined by an appropriate mental health professional. Clients must provide proof of income and social security numbers in order to be eligible for the program.

No. of Clients Served (Snapshot: June 30, 2003): 72
No. of Clients Served in FY 2003 (Unduplicated for year): 154

Program Funding -

Program Expenditures					
SFY	Total	Federal *	State		Local ***
			General Fund	Dedicated **	
2001	6,443,331			6,443,331	
2002	6,613,524			6,613,524	
2003	6,096,106			6,096,106	
2004 ^	7,196,936			7,196,936	
2005 ^	7,196,936			7,196,936	

^ Appropriation.
* (Source of Federal funds)
** (Name of Dedicated fund) SA Treatment/Alcoholic Beverage Tax Gamblers Assistance Fund
*** (Name of Local fund)

Funding Details: State funds are paid through the dedicated, nonreverting Addiction Services Fund (IC 12-23-2). This fund consists of proceeds from excise taxes on alcoholic beverages (IC 7.1-4-11) and taxes on riverboat admissions (IC 4-33-12-6). The funds must be used to address addictions treatment and the provision of a toll-free telephone number. No more than 5% of the fund may be expended on administrative activities each year. Further, 25% of the Riverboat Admissions Tax paid to the Division of Mental Health and Addiction is required to be used for the prevention and treatment of compulsive gambling.

The Hoosier Assurance Plan does not pay 100% of the cost of addictions treatment. Enrolled clients are expected to participate in the cost of their care based on their ability to pay and or agree to have their insurance billed. The program employs a sliding fee scale based on financial capacity of the client's household income. Some of the cost of treatment may also be covered if the client qualifies for Medicaid or Food Stamps or if their monthly income falls below 200% of the federal poverty level. Compulsive gamblers' income determination includes gambling debts and payments on incurred gambling debts as part of the calculation.